

Euthanasia Checklist

Euthanasia Date 7-14-25 ID # 41044 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted] # of tablets \_\_\_\_\_  
Oral (strength) \_\_\_\_\_ mg) \_\_\_\_\_ ml Route: IM  
Inj. 10mg/ml 3 ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted] \_\_\_\_\_ ml Route: XIV IP \_\_\_\_\_

Determination of Death

5 minutes post injection  
Lack of heartbeat-stethoscope (Initials) AC \_\_\_\_\_  
Lack of heartbeat-palpitation (Initials) \_\_\_\_\_  
Lack of respiration-stethoscope (Initials) \_\_\_\_\_  
Lack of respiration-palpitation (Initials) \_\_\_\_\_  
Lack of respiration-visual (Initials) \_\_\_\_\_  
Lack of corneal reflex (Initials) \_\_\_\_\_  
Lack of toe-pinch reflex (Initials) \_\_\_\_\_  
Lack of capillary refill (Initials) \_\_\_\_\_

30 minutes post injection  
Lack of heartbeat-stethoscope (Initials) [redacted] \_\_\_\_\_  
Lack of heartbeat-palpitation (Initials) \_\_\_\_\_  
Lack of respiration-stethoscope (Initials) \_\_\_\_\_  
Lack of respiration-palpitation (Initials) \_\_\_\_\_  
Lack of respiration-visual (Initials) \_\_\_\_\_  
Lack of corneal reflex (Initials) \_\_\_\_\_  
Lack of toe-pinch reflex (Initials) \_\_\_\_\_  
Lack of capillary refill (Initials) \_\_\_\_\_

**City of Danville**  
Animal Control Officer / Public Animal Shelter

**ANIMAL CUSTODY RECORD**

ANIMAL ID: 41046      CUSTODY DATE: 6/30/25      TIME: 7:25 (AM) PM

**REASON FOR CUSTODY (mark appropriate box)**      **LOCATION WHERE CUSTODY WAS TAKEN**

Stray / At Large     Owner Surrender     Seized     Bite Case Quarantine

Transfer from Another Releasing Agency     Virginia     Other:  
Name: \_\_\_\_\_     Out-of-State

DAHS

**OWNER'S NAME & ADDRESS (if known)**      **ADDITIONAL INFORMATION**

UNKNOWN      - at bus stop up hill

**ANIMAL DESCRIPTION**

SPECIES:  Feline     Canine    BREED: pit x    COLOR / MARKINGS: grey/tan    SEX:  Male     Female    Altered: Y N Unk

Approximate AGE: 1-2 yr     YR     MO  
Approximate WEIGHT: 60     LB    OTHER: \_\_\_\_\_

Bubba

**ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not found, write NO)**

License Tag (Number - Details)	Rabies Tag (Number - Details)	Tattoo (Describe)	Collar (Describe - Color, Type, etc.)	Microchip or Other Identification (Describe - Details)
<u>none</u>	<u>none</u>	<u>none</u>	<u>blue</u>	Scan: <u>6/30/25</u> Scan: <u>7-1-25</u> <u>none detected</u>

**CUSTODY RECORD PREPARED BY**

Signature: \_\_\_\_\_      DATE: (MM/DD/YY) 6/30/25

**RIGHTFUL OWNER SURRENDER STATEMENT**

I am the rightful owner of this animal. I surrender all property rights in this animal. No other person has a right of property in this animal. I understand that this animal may be immediately euthanized or otherwise disposed in accordance with Virginia Code, Title 3.2, Ch. 65. If I want the animal back, I will follow adoption procedures.

SIGNATURE: \_\_\_\_\_

**DISPOSITION OF ANIMAL**      HOLDING PERIOD EXPIRES ON (Date): 7-13-25

DATE: (MM/DD/YY) 7-14-25      FINAL MICROCHIP SCAN PERFORMED BY (Initial): \_\_\_\_\_

Returned to Owner	Adopted	Euthanized	Died in Custody	Transferred to Another Virginia Releasing Agency (name of agency)	Transferred to Out-of-State Releasing Agency (name of agency)	Other
		<u>7/14/25</u>				

**Did you contact another shelter?      Why did they decline to accept?**