

Euthanasia Checklist

Euthanasia Date 7-30-25 ID # 41051 Custody verified (Initials) [Redacted]

Sedative: Acepromazine (Initials) [Redacted]  
Oral (strength        mg) # of tablets         
Inj. 10mg/ml 1.5 ml Route: IM

30<sup>min</sup>

Sodium Pen (Fatal Plus) Initials [Redacted]  
4 ml Route:  IV  IP

Determination of Death

5 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) [Redacted]
- Lack of capillary refill (Initials) [Redacted]

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) [Redacted]
- Lack of capillary refill (Initials) [Redacted]

City of Danville Animal Control Officer / Public Animal Shelter			ANIMAL CUSTODY RECORD				
ANIMAL ID	41051	CUSTODY DATE MM/DD/YY	6/30/25	TIME	1:58	AM PM	
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN			
<input type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]			
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input checked="" type="checkbox"/> Other:				
Name:		<input type="checkbox"/> Out-of-State	Impound				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION				
[REDACTED]			[REDACTED]				
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk			
<input type="checkbox"/> Feline	!17 mix	Brown	Approximate AGE: 4	<input type="checkbox"/> YR	<input checked="" type="checkbox"/> MO		
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT:	<input type="checkbox"/> LB		"	
<input type="checkbox"/>			OTHER:				
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)			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Scan: [REDACTED] Scan 7-1-25 6-30-25			
CUSTODY RECORD PREPARED BY							
Signature: [REDACTED]			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): 7-29-25				
DATE: (MM/DD/YY) 7-30-25		FINAL MICROCHIP SCAN PERFORMED BY (Initial): [REDACTED]					
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	
		7-30-25 X					

Did you contact another shelter?

Why did they decline to accept?