

Euthanasia Checklist

Euthanasia Date 7-23-25 ID # 41052 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted] # of tablets _____
Oral (strength mg) _____
Inj. 10mg/ml 2.50 ml · Route: IM

Sodium Pen (Fatal Plus) Initials [redacted] IP _____
6 ml Route: X IV _____

Determination of Death

- 5 minutes post injection
- Lack of heartbeat-stethoscope (Initials) [redacted]
- Lack of heartbeat-palpitation (Initials) [redacted]
- Lack of respiration-stethoscope (Initials) [redacted]
- Lack of respiration-palpitation (Initials) [redacted]
- Lack of respiration-visual (Initials) [redacted]
- Lack of corneal reflex (Initials) [redacted]
- 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) [redacted]
- Lack of respiration-stethoscope (Initials) [redacted]
- Lack of respiration-palpitation (Initials) [redacted]
- Lack of respiration-visual (Initials) [redacted]
- Lack of corneal reflex (Initials) [redacted]
- 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

41052

CUSTODY DATE
MM/DD/YY

6/30/25

TIME

1:58

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

Impound

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y <input checked="" type="checkbox"/> Unk
<input type="checkbox"/> Feline			Approximate AGE: 5	<input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input checked="" type="checkbox"/> Canine	Pit mix	tan/white	Approximate WEIGHT: 50	<input checked="" 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)
n	n	n	multicolor	Scan: 7-2-25 Scan: 6-30-25 none

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): 7-12-25

DATE: (MM/DD/YY)

7-23-25

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
		7-23-25				

Did you contact another shelter?

Why did they decline to accept?