

Euthanasia Checklist

Euthanasia Date 7-3-25 ID # 60 41056 Custody verified (Initials) [redacted]

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

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

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

41054

CUSTODY DATE
MM/DD/YY

10-30-25

TIME

AM
PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

LOCATION WHERE CUSTODY WAS TAKEN

DAHS

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

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

She was to make Can: TAKE with her

ANIMAL DESCRIPTION

Blue

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Blue

gray

Approximate AGE: 4-5 YR MO

Canine

Pit

Approximate WEIGHT: 90 LB "

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)

DM

new

none

none

Scan: 6-30-25
Scan 7-1-25
none detected

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

10-30-25

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): 7-1-25

DATE: (MM/DD/YY) 7-3-25

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
		7-3-25				

Did you contact another shelter? Yes

Why did they decline to accept? No one would take