

Euthanasia Checklist

Euthanasia Date 2-2-85 ID # 41060 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted] # of tablets \_\_\_\_\_  
Oral (strength) \_\_\_\_\_ mg  
Inj. 10mg/ml 25 ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted] Route: 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]

Approximate WEIGHT [redacted]

City of Danville  
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41060	CUSTODY DATE MM/DD/YY 7-1-25	TIME 12:05 <input checked="" type="radio"/> AM <input type="radio"/> PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAHS
<input type="checkbox"/> Transfer from Another Releasing Agency Name:		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other:	

OWNER'S NAME & ADDRESS (if known) Unknown	ADDITIONAL INFORMATION TRAPPING
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ANIMAL DESCRIPTION			
SPECIES <input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	BREED DMH	COLOR / MARKINGS grey tabby	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y N Unk Approximate AGE: 9wks <input type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 1 1/2 <input checked="" type="checkbox"/> LB OTHER:

ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not found, write NO)				
License Tag (Number - Details) None	Rabies Tag (Number - Details) None	Tattoo (Describe) None	Collar (Describe - Color, Type, etc.) None	Microchip or Other Identification (Describe - Details) Scan: 7-1-25 Scan: 7-3-25 None Det

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MM/DD/YY) 7-1-25

**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 Euth	HOLDING PERIOD EXPIRES ON (Date): 7-8-25
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DATE: (MM/DD/YY) 7-9-25	FINAL MICROCHIP SCAN PERFORMED BY (Initial):
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Returned to Owner	Adopted	Euthanized AS 7-9-25	Died in Custody	Transferred to Another Virginia Releasing Agency (name of agency)	Transferred to Out-of-State Releasing Agency (name of agency)	Other
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Did you contact another shelter? *NO* Why did they decline to accept?