

Euthanasia Checklist

Euthanasia Date 7-14-25 ID # 41086 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 N  
1 ml Route: IV AP

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) \_\_\_\_\_
- 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	41086	CUSTODY DATE MM/DD/YY	7-2-25	TIME	1:25	AM PM
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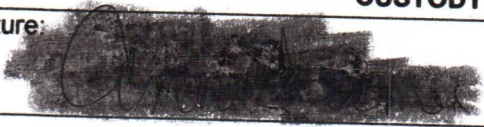
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine		
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

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

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <span style="float: right;">Altered: Y N Unk</span>
<input checked="" type="checkbox"/> Feline	DSH	gray	Approximate AGE: 9 wks <input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 1 <del>LB</del>
<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)
None	None	None	None	Scan: 7-2-25 Scan: 7-2-25 None Det

**CUSTODY RECORD PREPARED BY**


Signature:  DATE: (MMDD/YY) 7-2-25

**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): 7-2-25

DATE: (MMDD/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
		7-14-25				

Did you contact another shelter? NO

Why did they decline to accept?