

Euthanasia Checklist

Euthanasia Date 7/22/85 ID # 41092 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]

Oral (strength      mg) # of tablets     

Inj. 10mg/ml 1.5 ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted]

1 ml 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]

<b>City of Danville</b> Animal Control Officer / Public Animal Shelter			<b>ANIMAL CUSTODY RECORD</b>			
ANIMAL ID 41092	CUSTODY DATE MM/DD/YY 7-1-25		TIME 900	AM <input checked="" type="radio"/> PM		
<b>REASON FOR CUSTODY (mark appropriate box)</b>			<b>LOCATION WHERE CUSTODY WAS TAKEN</b>			
<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			
Name:			<input type="checkbox"/> Other:			
<input type="checkbox"/> Out-of-State			5 hr 1 hr			
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>			<b>ADDITIONAL INFORMATION</b>			
<b>ANIMAL DESCRIPTION</b>						
SPECIES <input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	BREED DSH	COLOR / MARKINGS Bicolor	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk		
			Approximate AGE: 1 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO			
			Approximate WEIGHT: 7# <input type="checkbox"/> LB			
			OTHER: none			
<b>ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not found, write NO)</b>						
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: 7-1-25 Scan: 7-3-25 rounded		
<b>CUSTODY RECORD PREPARED BY</b>						
Signature:			DATE: (MM/DD/YY)			
			7-1-25			
<b>RIGHTFUL OWNER SURRENDER STATEMENT</b>						
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:						
<b>DISPOSITION OF ANIMAL</b> Euth						
HOLDING PERIOD EXPIRES ON (Date): 7-8-25						
DATE: (MM/DD/YY) 7-8-25			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
		7-9-25				

Did you contact another shelter?

Why did they decline to accept?