

Euthanasia Checklist

Euthanasia Date 2-9-25 ID # 41054 Custody verified (Initials) [redacted]

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

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

Determination of Death

- |  |  |
|--|--|
| 5 minutes post injection                                     | 30 minutes post injection                                    |
| Lack of heartbeat-stethoscope (Initials) <u>[redacted]</u>   | Lack of heartbeat-stethoscope (Initials) <u>[redacted]</u>   |
| Lack of heartbeat-palpitation (Initials) <u>[redacted]</u>   | Lack of heartbeat-palpitation (Initials) <u>[redacted]</u>   |
| Lack of respiration-stethoscope (Initials) <u>[redacted]</u> | Lack of respiration-stethoscope (Initials) <u>[redacted]</u> |
| Lack of respiration-palpitation (Initials) <u>[redacted]</u> | Lack of respiration-palpitation (Initials) <u>[redacted]</u> |
| Lack of respiration-visual (Initials) <u>[redacted]</u>      | Lack of respiration-visual (Initials) <u>[redacted]</u>      |
| Lack of corneal reflex (Initials) <u>[redacted]</u>          | Lack of corneal reflex (Initials) <u>[redacted]</u>          |
| Lack of toe-pinch reflex (Initials) <u>[redacted]</u>        | Lack of toe-pinch reflex (Initials) <u>[redacted]</u>        |
| Lack of capillary refill (Initials) <u>[redacted]</u>        | Lack of capillary refill (Initials) <u>[redacted]</u>        |

City of Danville  
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD


ANIMAL ID	41094	CUSTODY DATE MM/DD/YY	7-2-25	TIME	4:40	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	DAHS	
<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
Unknown	TRAPPING

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk	
<input checked="" type="checkbox"/> Feline	DSH	Seal Pt	Approximate AGE: 7 wks	<input type="checkbox"/> YR	<input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 1	<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)
None	None	None	None	Scan: 7-2-25 Scan None Det

CUSTODY RECORD PREPARED BY	
Signature: 	DATE: (MM/DD/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):	7-9-25
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DATE: (MM/DD/YY)	7-5-25	FINAL MICROCHIP SCAN PERFORMED BY (Initial):	
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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
		7-5-25				

Did you contact another shelter?

Why did they decline to accept?