

Euthanasia Checklist

Euthanasia Date 7.14.25 ID # 41125 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]
1/2 ml Route: IV IP

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) [redacted]

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) [redacted]

| | |
|---|------------------------------|
| City of Danville Animal Control Officer / Public Animal Shelter | ANIMAL CUSTODY RECORD |
|---|------------------------------|

| | | | | | | |
|-----------|-------|--------------------------|--------|------|------|---|
| ANIMAL ID | 41115 | CUSTODY DATE MM/DD/YY | 7-4-25 | TIME | 3:09 | AM <input checked="" type="radio"/> PM |
|-----------|-------|--------------------------|--------|------|------|---|

| | | | | | | |
|---|--|--|---|---|--|--|
| 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 | DASH | | |
| <input type="checkbox"/> Transfer from Another Releasing Agency | | <input checked="" type="checkbox"/> Virginia | <input type="checkbox"/> Other: | | | |
| Name: | | <input type="checkbox"/> Out-of-State | | | | |

| | |
|--|-------------------------------|
| OWNER'S NAME & ADDRESS (if known) | ADDITIONAL INFORMATION |
| | - living around his house |

| 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 <input type="checkbox"/> Canine <input type="checkbox"/> | DASH | (black & tan) Tort | Approximate AGE: 8 wks <input type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 1 <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) | Rabies Tag (Number - Details) | Tattoo (Describe) | Collar (Describe - Color, Type, etc.) | Microchip or Other Identification (Describe - Details) |
| none | none | none | none | Scan: 7-4-25 Scan: 7-5-25 none detected |

| CUSTODY RECORD PREPARED BY | |
|----------------------------|----------------------------|
| Signature: | DATE: (MM/DD/YY) 7/4/25 |

| 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): 7-11-25 |
|-----------------------------------|---|

| | |
|--------------------------|--|
| DATE: (MM/DD/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? Why did they decline to accept?