

Euthanasia Checklist

Euthanasia Date 7-14-25 ID # 41116 Custody verified (Initials) [Redacted]

Sedative: Acepromazine (Initials) [Redacted]  
Oral (strength      mg) # of tablets       
Inj. 10mg/ml .30 ml Route: IM

Sodium Pen (Fatal Plus) Initials [Redacted]  
3 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	41116	CUSTODY DATE MM/DD/YY	7/4/25	TIME	8:56	<input checked="" type="radio"/> AM <input 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	DAHS	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input checked="" type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State			

<b>OWNER'S NAME &amp; ADDRESS (if known)</b>	<b>ADDITIONAL INFORMATION</b>

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk	
<input checked="" type="checkbox"/> Feline	DSH	black	Approximate AGE: 1	<input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: 9	<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: 7-4-25 Scan: 7-5-25 none detected

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MM/DD/YY) 7/4/24

**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:

<b>DISPOSITION OF ANIMAL</b> Euth	<b>HOLDING PERIOD EXPIRES ON (Date):</b> 7-11-25
-----------------------------------	--

<b>DATE: (MM/DD/YY)</b> 7-14-25	<b>FINAL MICROCHIP SCAN PERFORMED BY (Initial):</b>
---------------------------------	---

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?