

Euthanasia Checklist

Euthanasia Date 07-25 ID # Y11AD Custody verified (Initials) [Redacted]

Sedative: Acepromazine (Initials) [Redacted] # of tablets _____
 Oral (strength mg) _____
 Inj. 10mg/ml 0.5 ml Route: IM

Verifick

Sodium Pen (Fatal Plus) Initials [Redacted] 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]

<input checked="" type="checkbox"/> Feline	<u>DLH</u>	<u>gross/pink</u>	Approximate AGE: <u>1 yr</u>
<input type="checkbox"/> Canine			Approximate WEIGHT: <u>15</u> <input type="checkbox"/> LB

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41120

CUSTODY DATE
MM/DD/YY

7-5-25

TIME

9:30

AM
PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

Stray / At Large Owner Surrender Seized Bite Case Quarantine

DAHS

Transfer from Another Releasing Agency Virginia Other:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Jos Cochran
501 Front St
Norfolk Va 23510
C.H. Brown 1310 Clark

Peta
Very Sick

ANIMAL DESCRIPTION

SPECIES: Feline Canine
BREED: DLH
COLOR / MARKINGS: gray/white
SEX: Male Female Altered: Y Unk
Approximate AGE: 3 wks YR MO
Approximate WEIGHT: 1# 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: 7-5-25 Scan: 7-7-25 none

CUSTODY RECORD PREPARED BY

Signature: [Redacted] DATE: (MM/DD/YY) 7-5-25

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: _____ HOLDING PERIOD EXPIRES ON (Date): 7-12-25

DATE: (MM/DD/YY) 7-7-25 FINAL MICROCHIP SCAN PERFORMED BY (Initial): [Redacted]

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
		7-7-25				

Did you contact another shelter? NO

Why did they decline to accept?