

Euthanasia Checklist

Euthanasia Date 7-17-21 ID # 41127 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 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]

City of Danville  
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41127

CUSTODY DATE  
MM/DD/YY

7-5-25

TIME

2:45

AM  
PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

- Stray / At Large    Owner Surrender    Seized    Bite Case Quarantine

DASH

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

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

136 Woodberry  
Danville

Found on ft. porch

ANIMAL DESCRIPTION

Carmella

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y <input checked="" type="radio"/> N <input type="radio"/> Unk
<input checked="" type="checkbox"/> Feline	Dsth	TORT	Approximate AGE: 3mth	<input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 3 1/2	<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: 7-5-25 Scan: 7-11-25 none

CUSTODY RECORD PREPARED BY

Signature:

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

Euth

HOLDING PERIOD EXPIRES ON (Date):

7-12-25

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?