

Euthanasia Checklist

Custody verified (Initials) ~~_____~~

Very Sick
unweaned

Euthanasia Date 7-7-25 ID # 41132

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

Sodium Pen (Fatal Plus) Initials ~~_____~~ IV IP

Determination of Death

- 5 minutes post injection ~~_____~~
- Lack of heartbeat-stethoscope (Initials) ~~_____~~
- 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) ~~_____~~

- 30 minutes post injection ~~_____~~
- Lack of heartbeat-stethoscope (Initials) ~~_____~~
- 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) ~~_____~~

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

ANIMAL ID	41132	CUSTODY DATE MM/DD/YY	7/7/25	TIME	2:00 ^{AM} 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	[REDACTED]	
<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
	very sick NO MOM <i>unweaned</i>

ANIMAL DESCRIPTION				
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk
<input checked="" type="checkbox"/> Feline	DSH	gray long	Approximate AGE: 7 days <input type="checkbox"/> YR <input type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: 14oz <input 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: 7-7-25 Scan NONE

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MMDDYY) 7/7/25

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):
DATE: (MM/DD/YY) 7-7-25	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
		7-7-25				

Did you contact another shelter? Why did they decline to accept?