

Euthanasia Checklist

Euthanasia Date 7-26-85 ID # 41134 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted] # 10 of tablets  
Oral (strength) [redacted] mg) # of tablets  
Inj. 10mg/ml 50 ml Route: IM injection

Sodium Pen (Fatal Plus) Initials [redacted] 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	41134	CUSTODY DATE MM/DD/YY	7-7-25	TIME	1:15	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAHS	
<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
[REDACTED]	Dick 40

ANIMAL DESCRIPTION				
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSH	gray-white	Approximate AGE:	3 yrs <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT:	10 <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: 7-8-25

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MMDDYY) 7-7-2025

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: [REDACTED]

DISPOSITION OF ANIMAL	HOLDING PERIOD	RELEASED ON (Date): 7-8-25
DATE: (MM/DD/YY) 7-26-25	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
		7-26-25				

Did you contact another shelter? yes Pet Center

Why did they decline to accept? they told that NOT accepting any at this time