

# Euthanasia Checklist

Euthanasia Date 6-12-25 ID # 41135

Custody verified (Initials) [Redacted]

Sedative: Acepromazine (Initials) [Redacted]

Oral (strength        mg) # of tablets       

Inj. 10mg/ml .50 ml Route: IM

Sodium Pen (Fatal Plus) Initials [Redacted]

6 ml Route: IV HP

## Determination of Death

5 minutes post injection

Lack of heartbeat-stethoscope (Initials) [Redacted]

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) [Redacted]

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

41135

CUSTODY DATE  
MM/DD/YY

7-7-25

TIME

12:15

AM  
PM

**REASON FOR CUSTODY (mark appropriate box)**

Stray / At Large  Owner Surrender  Seized  Bite Case Quarantine

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

**LOCATION WHERE CUSTODY WAS TAKEN**

DAHS

**OWNER'S NAME & ADDRESS (if known)**

**ADDITIONAL INFORMATION**

[Redacted Owner Name and Address]

She got to move, to take care of her mother who is very sick they can't have animals  
Percy

**ANIMAL DESCRIPTION**

SPECIES

BREED

COLOR / MARKINGS

SEX:  Male  Female Altered: Y N Unk

Feline  
 Canine

DmH

org

Approximate AGE: 1  YR  MO

Approximate WEIGHT: 8  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: 7-7-25 7-8-25

**CUSTODY RECORD PREPARED BY**

Signature:

DATE: (MM/DD/YY)

[Redacted Signature]

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 Signature]

**DISPOSITION OF ANIMAL**

Euth ~~Adopt~~

HOLDING PERIOD EXPIRES ON (Date): 7-8-25

DATE: (MM/DD/YY)

8-12-25

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

8-12-25  
[Redacted]

Did you contact another shelter?

Why did they decline to accept?