

Euthanasia Checklist

Euthanasia Date 7-14-25 ID # 41177 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]
Oral (strength mg) # of tablets
Inj. 10mg/ml 0.25 ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted]
1.2 ml Route: IV IP

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) [redacted]

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) [redacted]

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD


ANIMAL ID	41147	CUSTODY DATE MM/DD/YY	7-7-25	TIME	4	AM <input checked="" type="radio"/> PM
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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	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
unknown	Roaming in Neighborhood 

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX:	Altered: Y N Unk	
<input checked="" type="checkbox"/> Feline	DSH	BLACK white spot	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> Canine			Approximate AGE:	4	<input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
<input type="checkbox"/>			Approximate WEIGHT:	2	<input checked="" type="checkbox"/> 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 Scan: 7-14-25 None Det


CUSTODY RECORD PREPARED BY	
Signature: 	DATE: (MM/DD/YY) 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 Euth	HOLDING PERIOD EXPIRES ON (Date): 7-14-25
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DATE: (MM/DD/YY) 7-14-25	FINAL MICROCHIP SCAN PERFORMED BY (Initial): 
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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?