

Euthanasia Checklist

Euthanasia Date 8-8-25 ID # 41152

Custody verified (Initials) [Redacted]

Sedative: Acepromazine (Initials) [Redacted]

Oral (strength mg) # of tablets

Inj. 10mg/ml 30 ml Route: IM

Sodium Pen (Fatal Plus) Initials [Redacted]

3 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) _____

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	41152	CUSTODY DATE MM/DD/YY	7-8-25	TIME	1:50	AM PM
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 Name:		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]				TOO MANY TO KEEP		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk		
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	Seal Pt	Approximate AGE:	<input type="checkbox"/> YR <input type="checkbox"/> MO		
			Approximate WEIGHT:	<input 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: 7-8-25 Scan: [unclear] None IDed.		
CUSTODY RECORD PREPARED BY						
Signature: [REDACTED]			DATE: (MM/DD/YY) 7-8-25			
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: [REDACTED]						
DISPOSITION OF ANIMAL: Euth HOLDING PERIOD EXPIRES ON (Date): 7-9-25						
DATE: (MM/DD/YY)		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
		8825				
Did you contact another shelter?			Why did they decline to accept?			