

Euthanasia Checklist

Euthanasia Date 7-10-25 ID # 41152 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]
Oral (strength mg) # of tablets
Inj. 10mg/ml .20 ml Route: IM

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 41153 **CUSTODY DATE** 7-8-25 **TIME** 1:50 **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)
 [REDACTED]

ADDITIONAL INFORMATION
 TO many to keep

ANIMAL DESCRIPTION

SPECIES
 Feline
 Canine

BREED
 DSH

COLOR / MARKINGS
 Gray Tab

SEX: Male Female **Altered:** Y N Unk

Approximate AGE: YR MO
Approximate WEIGHT: 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 7-17-25 None Det

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

DATE: (MM/DD/YY) 7-17-25 **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
		7-17-25				

Did you contact another shelter? Yes P.C. **Why did they decline to accept?** Don't take street cats