

Euthanasia Checklist

Euthanasia Date 7-19-25 ID # 41155 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]
Oral (strength mg) # of tablets
Inj. 10mg/ml .40 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) [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: **41155** CUSTODY DATE: **7-8-25** TIME: **1:50** AM/PM: **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
Too many to keep

ANIMAL DESCRIPTION

SPECIES: Feline Canine Other

BREED: **DSH** COLOR / MARKINGS: **off white**

SEX: Male Female Altered: Y N Unk

Approximate AGE: **2** YR MO

Approximate WEIGHT: **6#** LB OZ

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: 7-10-25 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: **Euth** **HOLDING PERIOD EXPIRES ON (Date)**: **7-9-25**

DATE: (MM/DD/YY) **7-14-25** 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
		7-14-25				

Did you contact another shelter? **YES**
Pet Center

Why did they decline to accept? **they waste k they don't TAKE street CATS**