

Euthanasia Checklist

Euthanasia Date 7-14-25 ID # 4658 Custody verified (Initials) \_\_\_\_\_

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

Sodium Pen (Fatal Plus) Initials \_\_\_\_\_  
3 ml Route: IV AP

Determination of Death

5 minutes post injection

- Lack of heartbeat-stethoscope (Initials) \_\_\_\_\_
- 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) \_\_\_\_\_
- 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) \_\_\_\_\_

Approximate time \_\_\_\_\_

City of Danville  
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41158

CUSTODY DATE  
MM/DD/YY

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)

ADDITIONAL INFORMATION



To many to keep

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSH	Grey TAB	Approximate AGE: 2 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: 6 <input checked="" type="checkbox"/> LB	
<input type="checkbox"/>			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 7-11-25 None Det

CUSTODY RECORD PREPARED BY

Signature:

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. I will follow adoption procedures.

DISPOSITION OF ANIMAL

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

DATE: (MM/DD/YY)

7-17-25

FINAL MICROCHIP SCAN PERFORMED BY (Initial):

AV

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

Ret Center

Why did they decline to accept?

they don't take street cats