

Euthanasia Checklist

Euthanasia Date 7-28-25 ID # 41160 Custody verified (Initials) [Redacted]

Sedative: Acepromazine (Initials) [Redacted]
Oral (strength 10 mg) # of tablets 1
Inj. 10mg/ml 1.40 ml Route: IM

Sodium Pen (Fatal Plus) Initials [Redacted]
5 ml Route: IV Y 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: 41160 CUSTODY DATE: 7-8-25 TIME: 3:30 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

DAHS

OWNER'S NAME & ADDRESS (if known) **ADDITIONAL INFORMATION**

[Redacted] To manny to keep

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
<input checked="" type="checkbox"/> Feline	<u>DSH</u>	<u>Blk white</u>	Altered: Y N Unk
<input type="checkbox"/> Canine			Approximate AGE: <u>2</u> <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/>			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)
<u>None</u>	<u>None</u>	<u>None</u>	<u>None</u>	Scan: <u>7-8-25</u> Scan: <u>None</u> <u>Det: 7-9-25</u>

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

DATE: (MM/DD/YY) 7-28-25 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
		<u>7-28-25</u> <input checked="" type="checkbox"/>				

Did you contact another shelter? Yes Why did they decline to accept? SPCA Full