

Euthanasia Checklist

Euthanasia Date 7-23-25 ID # 41162 Custody verified (Initials) _____

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

Sodium Pen (Fatal Plus) Initials _____
1/2 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) _____

City of Danville Animal Control Officer / Public Animal Shelter			ANIMAL CUSTODY RECORD			
ANIMAL ID	41162	CUSTODY DATE MM/DD/YY	7-8-25	TIME	330	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	DASH		
<input type="checkbox"/> Transfer from Another Releasing Agency	<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:				
Name: _____				<input type="checkbox"/> Out-of-State		
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[Redacted]				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	D SH	Blk white	Approximate AGE: 6wk		<input type="checkbox"/> YR <input checked="" type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: 1		<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: 7-10-25 None Det		
CUSTODY RECORD PREPARED BY						
Signature: [Redacted]				DATE: (MM/DD/YY)		
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) 7-23-25				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
		7-23-25				

Did you contact another shelter?

Why did they decline to accept?