

Euthanasia Checklist

Euthanasia Date 7.14.25 ID# 41164

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) [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

41164

CUSTODY DATE
MM/DD/YY

7-9-25

TIME

10:37

AM
PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:

Name:

Out-of-State

DASH

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

She Can't Keep

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

D5H

GRAY TAB

Approximate AGE: 4 YR MO

Approximate WEIGHT: 3 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: 7-9-25
Scan 7-11-25
None Det

CUSTODY RECORD PREPARED BY

Signature

DATE: (MM/DD/YY)

7-9-25

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:

DISPOSITION OF ANIMAL: Euth

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

DATE: (MM/DD/YY)

7-14-25

FINAL MICROCHIP SCAN PERFORMED BY (Initial):

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?

NO

Why did they decline to accept?