

Euthanasia Checklist

Euthanasia Date 7-7-25 ID # 41167

Custody verified (Initials) [Redacted]

Sedative: Acepromazine (Initials) [Redacted]  
Oral (strength          mg) # of tablets           
Inj. 10mg/ml .25 ml Route: IM

Sodium Pen (Fatal Plus) Initials [Redacted]  
1 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

41167

CUSTODY DATE  
MM/DD/YY

7-9-25

TIME

9:15

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

DAYS.

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

[Redacted] Ruptured eye.  
[Redacted] Stray from [Redacted]

**ANIMAL DESCRIPTION**

SPECIES

BREED

COLOR / MARKINGS

SEX:  Male  Female    Altered: Y N Unk

Feline

Canine

DMH

Calico

Approximate AGE: 4     YR  MO

Approximate WEIGHT: 2     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: not 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): 7-16-25

DATE: (MM/DD/YY) 7-9-25

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

7-9-25

Did you contact another shelter? NO

Why did they decline to accept?