

Euthanasia Checklist

Euthanasia Date 7-23-25 ID # 41168

Custody verified (Initials) _____

Sedative: Acepromazine (Initials) _____

Oral (strength _____ mg) # of tablets _____

Inj. 10mg/ml 110 ml Route: IM _____

Sodium Pen (Fatal Plus) Initials _____

1 1/2 ml Route: IV XIP

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	41168	CUSTODY DATE MM/DD/YY	7/9/25	TIME	9:17	AM PM	
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN			
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]			
<input type="checkbox"/> Transfer from Another Releasing Agency	<input type="checkbox"/> Virginia	<input checked="" type="checkbox"/> Other: TRAP					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
				TRAP			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk			
<input checked="" type="checkbox"/> Feline	DSH	Blk / Wh	Approximate AGE: 6 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO		Approximate WEIGHT: 4 <input checked="" type="checkbox"/> LBS		
<input type="checkbox"/> Canine			OTHER:				
<input type="checkbox"/>							
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: Scan 7-10-25 / NONE 7/9/25			
CUSTODY RECORD PREPARED BY							
Signature: [REDACTED]			DATE: (MM/DD/YY) 7/9/25				
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							
HOLDING PERIOD EXPIRES ON (Date): 7-16-25			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?