

Euthanasia Checklist

Euthanasia Date 7-23-25 # 41169

Custody verified (Initials) [Redacted]

Sedative: Acepromazine (Initials) [Redacted]

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

Sodium Pen (Fatal Plus) Initials [Redacted]  
1/2 ml Route: IV XIP

Determination of Death

5 minutes post injection

- Lack of heartbeat-stethoscope (Initials) LC
- 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) [Redacted]
- 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	41169	CUSTODY DATE MM/DD/YY	7/9/25	TIME	9:17	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input 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:			
Name:	<input type="checkbox"/> Out-of-State	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	BIK / Wht	Approximate AGE: 6 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 4 <input checked="" type="checkbox"/> LBS
<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: 7-10-25 / NONE 7/9/25

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	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: [REDACTED]

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?