



Euthanasia Checklist



Euthanasia Date 7-14-25 ID # 41183 Custody verified (Initials) 

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



Sodium Pen (Fatal Plus) Initials   
1/2 ml Route: IV  IP

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	41183	CUSTODY DATE MM/DD/YY	7/10/25	TIME	11:56 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	[Redacted]	
<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]			[Redacted]		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y <input checked="" type="checkbox"/> Nk	
<input checked="" type="checkbox"/> Feline	DSH	BIK	Approximate AGE: 3 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO		
<input type="checkbox"/> Canine			Approximate WEIGHT: 3 <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: 7-11-25 Scan: NONE 7/10/25	
CUSTODY RECORD PREPARED BY					
Signature: [Redacted]			DATE: (MM/DD/YY) 7/10/25		
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 Euth HOLDING PERIOD EXPIRES ON (Date): 7-11-25					
DATE: (MM/DD/YY) 7-14-25		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)
		7-14-25			

Did you contact another shelter?

Why did they decline to accept?