

Euthanasia Checklist

Euthanasia Date 7-14-25 ID # Y1186 Custody verified (Initials) _____

Sedative: Acepromazine (Initials) _____

Oral (strength _____ mg) # of tablets _____

Inj. 10mg/ml .25 ml Route: IM

Sodium Pen (Fatal Plus) Initials _____

3 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
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ANIMAL ID	41184	CUSTODY DATE	7/10/25	TIME	11:50	<input checked="" type="radio"/> AM <input type="radio"/> PM
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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 Name:		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	[REDACTED]

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk
<input checked="" type="checkbox"/> Feline	DSH	brn / blk +abby	Approximate AGE: 2 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO		
<input type="checkbox"/> Canine			Approximate WEIGHT: 5 <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: 7-11-25 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): 7/14/25
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DATE: (MM/DD/YY) 7-14-25	FINAL MICROCHIP SCAN PERFORMED BY (Initial): [REDACTED]
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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?	Why did they decline to accept?
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