

Euthanasia Checklist

Euthanasia Date 7.1.85 ID # 4195 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted] # of tablets
Oral (strength mg) ml Route: IM
Inj. 10mg/ml 1.25 ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted] ml Route: IV / IP

Determination of Death

5 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) [redacted]

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) [redacted]

Approximate WEIGHT: DATE: 0.1.85

ANIMAL ID 41195	CUSTODY DATE MM/DD/YY 7-11-25	TIME 12:35	AM <input checked="" 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	DARTS
<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	
<input type="checkbox"/> Transfer from Another Releasing Agency	<input type="checkbox"/> Virginia	
Name:	<input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other:

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

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSH	Black	Approximate AGE: 8wk <input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 1 <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 7-15-25 None Det

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 7/11/25

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):** 7-12-25

DATE: (MM/DD/YY) 7-17-25 **FINAL MICROCHIP SCAN PERFORMED BY:** [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
		7-17-25				

Did you contact another shelter? Why did they decline to accept?