

Euthanasia Checklist

Euthanasia Date 7-11-25 ID # 41196 Custody verified (Initials) [redacted]

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

Sodium Pen (Fatal Plus) Initial [redacted]
1 ml Route: IV IP

Determination of Death

- 5 minutes post injection
 - Lack of heartbeat-stethoscope (Initials) [redacted]
 - Lack of heartbeat-palpitation (Initials) [redacted]
 - Lack of respiration-stethoscope (Initials) [redacted]
 - Lack of respiration-palpitation (Initials) [redacted]
 - Lack of respiration-visual (Initials) [redacted]
 - Lack of corneal reflex (Initials) [redacted]
 - Lack of toe-pinch reflex (Initials) [redacted]
 - Lack of capillary refill (Initials) [redacted]
- 30 minutes post injection
 - Lack of heartbeat-stethoscope (Initials) [redacted]
 - Lack of heartbeat-palpitation (Initials) [redacted]
 - Lack of respiration-stethoscope (Initials) [redacted]
 - Lack of respiration-palpitation (Initials) [redacted]
 - Lack of respiration-visual (Initials) [redacted]
 - Lack of corneal reflex (Initials) [redacted]
 - Lack of toe-pinch reflex (Initials) [redacted]
 - Lack of capillary refill (Initials) [redacted]

Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41196	CUSTODY DATE MM/DD/YY	7-11-25	TIME	12:35	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	DARTS		
<input type="checkbox"/> Transfer from Another Releasing Agency Name:	<input type="checkbox"/> Virginia <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 type="checkbox"/> Female	Altered: Y N Unk		
<input checked="" type="checkbox"/> Feline	DSH	Gray	Approximate AGE: 8 wk		<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: 7-13-25 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): 7-25-25						
DATE: (MM/DD/YY)		FINAL MICROCHIP SCAN PERFORMED BY (Initial): AR				
7-17-25						
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?