

Euthanasia Checklist

Euthanasia Date 7-17-85 ID # 41198 Custody verified (Initials) \_\_\_\_\_

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

Sodium Pen (Fatal Plus) Initials \_\_\_\_\_  
1 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) \_\_\_\_\_

<b>ANIMAL ID</b>	41198	<b>CUSTODY DATE</b> MM/DD/YY	7-11-25	<b>TIME</b>	12:35	AM PM
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<b>REASON FOR CUSTODY (mark appropriate box)</b>				<b>LOCATION WHERE CUSTODY WAS TAKEN</b>	
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAYS	
<input type="checkbox"/> Transfer from Another Releasing Agency Name:		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other:		

<b>OWNER'S NAME &amp; ADDRESS (if known)</b>	<b>ADDITIONAL INFORMATION</b>
[REDACTED]	

ANIMAL DESCRIPTION			
<b>SPECIES</b>	<b>BREED</b>	<b>COLOR / MARKINGS</b>	<b>SEX:</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <b>Altered:</b> Y N Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSLH	Orange	<b>Approximate AGE:</b> 8wk <input type="checkbox"/> YR <input type="checkbox"/> MO <b>Approximate WEIGHT:</b> 1 <input type="checkbox"/> LB
<b>OTHER:</b>			

ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not found, write NO)				
<b>License Tag</b> (Number - Details)	<b>Rabies Tag</b> (Number - Details)	<b>Tattoo</b> (Describe)	<b>Collar</b> (Describe - Color, Type, etc.)	<b>Microchip or Other Identification</b> (Describe - Details)
None	None	None	None	Scan: 7-11-25 Scan: 7-15-25 None

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	<b>DATE:</b> (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]

<b>DISPOSITION OF ANIMAL:</b> Euth	<b>HOLDING PERIOD EXPIRES ON (Date):</b> 7-12-25
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<b>DATE:</b> (MM/DD/YY)	7-12-25	<b>FINAL MICROCHIP SCAN PERFORMED BY (Initial):</b>	[REDACTED]			
<b>Returned to Owner</b>	<b>Adopted</b>	<b>Euthanized</b>	<b>Died in Custody</b>	<b>Transferred to Another Virginia Releasing Agency</b> (name of agency)	<b>Transferred to Out-of-State Releasing Agency</b> (name of agency)	<b>Other</b>
		7-12-25				

Did you contact another shelter?

Why did they decline to accept?