

Euthanasia Checklist

Euthanasia Date 7-18-25 ID # 41199

Custody verified (Initials) _____

Sedative: Acepromazine (Initials) _____

Oral (strength _____ mg) # of tablets _____

Inj. 10mg/ml .40 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			
ANIMAL ID	41199	CUSTODY DATE MM/DD/YY	7-11-25	TIME	1.30 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			
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:			
Name:		<input type="checkbox"/> Out-of-State	DAHS			
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
[REDACTED]			[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	Calico	Approximate AGE: 2 <input type="checkbox"/> YR <input type="checkbox"/> MO			
<input type="checkbox"/> Canine			Approximate WEIGHT: 8 <input 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: 7-14-25 None		
CUSTODY RECORD PREPARED BY						
Signature: 			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:						
DISPOSITION OF ANIMAL <i>Euth</i> HOLDING PERIOD EXPIRES ON (Date): 7-18-25						
DATE: (MM/DD/YY)		FINAL MICROCHIP SCAN PERFORMED BY (Initial): 				
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
		7-18-25				

Did you contact another shelter?

Why did they decline to accept?