

Euthanasia Checklist

Euthanasia Date 7.12.25 ID # 41203 Custody verified (Initials) [redacted]

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

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

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]

City of Danville  
Animal Control Officer / Public Animal Shelter

### ANIMAL CUSTODY RECORD

ANIMAL ID

41203

CUSTODY DATE  
MM/DD/YY

7-12-25

TIME

AM  
PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

Stray / At Large    Owner Surrender    Seized    Bite Case Quarantine

Transfer from Another Releasing Agency    Virginia    Other:  
Name:    Out-of-State

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

unwashed

#### ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX:  Male    Female   Altered: Y N Unk

Feline

Canine

DSH

Calic

Approximate AGE: 2 days    YR    MO

Approximate WEIGHT: 1/2    LB

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: 7-12-25  
Scan: 7-12-25  
None Det

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

7-12-25

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

HOLDING PERIOD EXPIRES ON (Date): 7-19-25

DATE: (MM/DD/YY)

7-12-25

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

7-12-25

Did you contact another shelter?

Why did they decline to accept?