

Euthanasia Checklist

Euthanasia Date 7-28-25 ID # 41205 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]

Oral (strength mg) # of tablets

Inj. 10mg/ml 1/10 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) [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 | 41205 | CUSTODY DATE MM/DD/YY | 7-11-25 | TIME | | AM PM |
|------------------|-------|---------------------------------|---------|-------------|--|----------|

| | | | | | | |
|--|--|--|---|---|--|--|
| REASON FOR CUSTODY (mark appropriate box) | | | | LOCATION WHERE CUSTODY WAS TAKEN | | |
| <input type="checkbox"/> Stray / At Large | <input type="checkbox"/> Owner Surrender | <input type="checkbox"/> Seized | <input type="checkbox"/> Bite Case Quarantine | DASH | | |
| <input type="checkbox"/> Transfer from Another Releasing Agency Name: | | <input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State | <input checked="" type="checkbox"/> Other: | | | |

| | |
|--|-------------------------------|
| OWNER'S NAME & ADDRESS (if known) | ADDITIONAL INFORMATION |
| | Born Here |

ANIMAL DESCRIPTION

| | | | | |
|---|--------------|-------------------------|---|---|
| SPECIES | BREED | COLOR / MARKINGS | SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> unk |
| <input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/> | DSH | White | Approximate AGE: 0 <input type="checkbox"/> YR <input type="checkbox"/> MO | Approximate WEIGHT: 202 <input type="checkbox"/> 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 | new | new | none | Scan: 7-11-25 Scan: 7-12-25 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 **HOLDING PERIOD EXPIRES ON (Date):** 7-12-25

DATE: (MM/DD/YY) 7-28-25 **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 |
| | | 7-28-25 | | | | |

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