

# Euthanasia Checklist

Euthanasia Date 8-12-25 ID # 41209 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]  
Oral (strength        mg) # of tablets         
Inj. 10mg/ml .30 ml Route: IM

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

## Determination of Death

5 minutes post injection

- Lack of heartbeat-stethoscope (Initials) [redacted]
- 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) [redacted]
- 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	41209	CUSTODY DATE MM/DD/YY	7-12-25	TIME	AM <input checked="" type="radio"/> PM
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<b>REASON FOR CUSTODY (mark appropriate box)</b>				<b>LOCATION WHERE CUSTODY WAS TAKEN</b>	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAHS	
<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>
Owner Passed Away	Owner passed away family ASK Bring her in Mickey

<b>ANIMAL DESCRIPTION</b>						
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk		
<input checked="" type="checkbox"/> Feline	DSH	BLACK	Approximate AGE: 3 or 4	<input checked="" type="checkbox"/> YR	<input type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: 6#	<input checked="" type="checkbox"/> LB		
<input type="checkbox"/>			OTHER:			

<b>ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not found, write NO)</b>				
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: 7-7-25

<b>CUSTODY RECORD PREPARED BY</b>	
Signature: [Redacted]	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:

<b>DISPOSITION OF ANIMAL:</b> Euth	<b>HOLDING PERIOD EXPIRES ON (Date):</b> 7-19-25
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<b>DATE:</b> (MM/DD/YY) 8-12-25	<b>FINAL MICROCHIP SCAN PERFORMED BY (Initial):</b> [Redacted]
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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
		8-12-25				

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