

Euthanasia Checklist

Euthanasia Date 2-18-85 ID # 41213 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted] # of tablets \_\_\_\_\_  
Oral (strength \_\_\_\_\_ mg) \_\_\_\_\_  
Inj. 10mg/ml 0.25 ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted] 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) [redacted]
- 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) [redacted]
- Lack of capillary refill (Initials) \_\_\_\_\_

Orange 4 wks  YR  MO  
Approximate WEIGHT: 1  LB


<b>ANIMAL ID</b>	41213	<b>CUSTODY DATE</b> MM/DD/YY	7/13/25	<b>TIME</b>	2:30	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		<input checked="" type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

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


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 <input checked="" type="radio"/> N <input type="radio"/> Unk
<input checked="" type="checkbox"/> Feline	DSH	orange	Approximate AGE: 9 wks <input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 1 <input checked="" type="checkbox"/> LB
<input type="checkbox"/>			OTHER:

ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not found, write NO)				
<b>License Tag (Number - Details)</b>	<b>Rabies Tag (Number - Details)</b>	<b>Tattoo (Describe)</b>	<b>Collar (Describe - Color, Type, etc.)</b>	<b>Microchip or Other Identification (Describe - Details)</b>
none	none	none	none	Scan: 7/13/25 Scan: 7-15-25 none detected


CUSTODY RECORD PREPARED BY	
Signature: 	DATE: (MM/DD/YY) 7/13/25

**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:** Euth **HOLDING PERIOD EXPIRES ON (Date):** 7-20-25

**DATE:** (MM/DD/YY) 7-18-25 **FINAL MICROCHIP SCAN PERFORMED BY (Initial):** 

<b>Returned to Owner</b>	<b>Adopted</b>	<b>Euthanized</b>	<b>Died in Custody</b>	<b>Transferred to Another Virginia Releasing Agency (name of agency)</b>	<b>Transferred to Out-of-State Releasing Agency (name of agency)</b>	<b>Other</b>
		7/18/25				

Did you contact another shelter?

Why did they decline to accept?