

Euthanasia Checklist

Euthanasia Date 11.25 ID # 41231 Custody verified (Initials) _____

Sedative: Acepromazine (Initials) _____ mg # of tablets _____
Oral (strength _____ mg) # of tablets _____
Inj. 10mg/ml, 35 ml Route: IM

Sodium Pen (Fatal Plus) Initials _____ 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) _____

| | | | | | | |
|-----------|-------|--------------------------|---------|------|-------|----------|
| ANIMAL ID | 41231 | CUSTODY DATE MM/DD/YY | 7/14/25 | TIME | 11:45 | AM PM |
|-----------|-------|--------------------------|---------|------|-------|----------|

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

| | |
|-----------------------------------|--|
| OWNER'S NAME & ADDRESS (if known) | ADDITIONAL INFORMATION |
| [REDACTED] | - has eye problems in one eye and gets cysts on knees & neck name is "Shadow" |

| ANIMAL DESCRIPTION | | | | | |
|--|-------|------------------|---|---|--|
| SPECIES | BREED | COLOR / MARKINGS | SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | Altered: Y <input checked="" type="radio"/> N <input type="radio"/> Unk | |
| <input checked="" type="checkbox"/> Feline | OSH | orgl wht | Approximate AGE: 3 | | <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO |
| <input type="checkbox"/> Canine | | | Approximate WEIGHT: 7 | | <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) | | | | |
|--|----------------------------------|----------------------|--|---|
| 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: 7/14/25 Scan 7-15-25 None detected |

| CUSTODY RECORD PREPARED BY | |
|----------------------------|-----------------------------|
| Signature: [REDACTED] | DATE: (MM/DD/YY) 7/14/25 |

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): | 7-15-25 |
|-----------------------|------|-----------------------------------|---------|

| | | | |
|------------------|---------|--|------------|
| DATE: (MM/DD/YY) | 7-17-25 | FINAL MICROCHIP SCAN PERFORMED BY (Initial): | [REDACTED] |
|------------------|---------|--|------------|

| | | | | | | |
|-------------------|---------|------------|-----------------|---|---|-------|
| 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 |
| | | 7-17-25 | | | | |

Did you contact another shelter?

Why did they decline to accept?