

Euthanasia Checklist

Euthanasia Date 7-25-05 ID # 41240

Custody verified (Initials) [Redacted]

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

Feral

Sodium Pen (Fatal Plus) Initials [Redacted]
2 1/2 ml Route: IV X 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]

Documented by: [Redacted] Date: [Redacted]

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41240

CUSTODY DATE
MM/DD/YY

7/16/25

TIME

11:25

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

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DMA	Blk	Approximate AGE: 5	<input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 4	<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)
				Scan: 7-16-25 Scan: 4-20-25 none

CUSTODY RECORD PREPARED BY

Signature:



DATE: (MM/DD/YY)

7/16/25

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): 7-23-25

DATE: (MM/DD/YY)

7-25-25

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
		7-25-25				

Did you contact another shelter?

Why did they decline to accept?