

Euthanasia Checklist

Euthanasia Date 7.22.15 ID # 41214 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]
Oral (strength mg) # of tablets
Inj. 10mg/ml 25 ml Route: IM

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

Determination of Death

5 minutes post injection

- Lack of heartbeats-stethoscope (Initials) [redacted]
- Lack of heartbeats-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 heartbeats-stethoscope (Initials) [redacted]
- Lack of heartbeats-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 | 41244 | CUSTODY DATE MM/DD/YY | 7-16-25 | TIME | 945 | AM PM |
|-----------|-------|-----------------------|---------|------|-----|----------|

| | | | | | |
|--|--|--|---|----------------------------------|--|
| REASON FOR CUSTODY (mark appropriate box) | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| <input checked="" 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 type="checkbox"/> Other: | | |


| | |
|-----------------------------------|------------------------|
| OWNER'S NAME & ADDRESS (if known) | ADDITIONAL INFORMATION |
| | unweaned Tumor |

| | | | | |
|--|-------|------------------|---|---|
| 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 | DSH | B/K/wh | Approximate AGE: 5W | <input type="checkbox"/> YR <input type="checkbox"/> MO |
| <input type="checkbox"/> Canine | | | Approximate WEIGHT: 1/2 | <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: 7-16-25 Scan not det |

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

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