

Euthanasia Checklist

Euthanasia Date 7-28-25 ID # 41252 Custody verified (Initials) [Redacted]

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

Sodium Pen (Fatal Plus) Initial [Redacted]
3 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) [Redacted]
Lack of capillary refill (Initials) [Redacted]


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) [Redacted]

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

| | | | | | | |
|-----------|-------|--------------------------|---------|------|-------|----------|
| ANIMAL ID | 41252 | CUSTODY DATE MM/DD/YY | 7-18-25 | TIME | 11:45 | AM PM |
|-----------|-------|--------------------------|---------|------|-------|----------|

| | | | | | |
|---|--|---------------------------------------|---|----------------------------------|--|
| REASON FOR CUSTODY (mark appropriate box) | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| <input checked="" type="checkbox"/> Stray / At Large | <input type="checkbox"/> Owner Surrender | <input type="checkbox"/> Seized | <input type="checkbox"/> Bite Case Quarantine | DAYS | |
| <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 |
| |  |

| | | | |
|--|-------|------------------|--|
| 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 | DS 11 | Tort | Approximate AGE: <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: |

| | | | | |
|--|----------------------------------|----------------------|--|---|
| 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: 7-18-25 Scan: 7-19-25 None |

| | |
|---|------------------|
| CUSTODY RECORD PREPARED BY | |
| Signature: | DATE: (MM/DD/YY) |
|  | 8-18-25 |

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): 8-25-25 |
| DATE: (MM/DD/YY) 7-28-25 | 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 |
| | | 7-28-25 X | | | | |

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