

Euthanasia Checklist

Euthanasia Date 7-28-25 ID # 41253 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]
Oral (strength mg) # of tablets
Inj. 10mg/ml, 20 ml Route: IM

Sodium Pen (Fatal Plus) Initials AH
1 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: 41253 CUSTODY DATE: 7-18-25 TIME: 11:45 AM PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:
Name: _____ Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN
DAYS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION
Contract

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 <input type="checkbox"/> Canine <input type="checkbox"/>	<u>DS H</u>	<u>Tort</u>	Approximate AGE: <u>2 1/2 wks</u> <input type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: <u>1</u> <input type="checkbox"/> LB
			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)
<u>None</u>	<u>None</u>	<u>None</u>	<u>None</u>	Scan: <u>7-18-25</u> Scan: <u>7-19-25</u> <u>None</u>

CUSTODY RECORD PREPARED BY

Signature: _____ DATE: (MMDDYY) 7-18-25

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
		<u>7-28-25</u>				

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