

Euthanasia Checklist

Euthanasia Date 7-28-25 ID # 41254 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 [redacted] ml Route: IV 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]

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41254 CUSTODY DATE: 7-18-25 TIME: 11:45 AM

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

DAHS

OWNER'S NAME & ADDRESS (if known):
[REDACTED]

ADDITIONAL INFORMATION:
[REDACTED]

Sick w/

ANIMAL DESCRIPTION

SPECIES: Feline Canine []
BREED: DSH
COLOR / MARKINGS: orange
SEX: Male Female Altered: Y N Unk
Approximate AGE: 2 1/2 wks YR MO
Approximate WEIGHT: 1 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)
None	None	None	None	Scan: 7-18-25 Scan: 7-20-25 None Det

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] DATE: (MM/DD/YY) 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): 7-25-25

DATE: (MM/DD/YY) 7-28-25 FINAL MICROCHIP SCAN PERFORMED BY (Initials): [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
		7-28-25 X				

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