

Euthanasia Checklist

Euthanasia Date 7-28-25 ID # 41257 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted] # of tablets \_\_\_\_\_  
Oral (strength) [redacted] mg \_\_\_\_\_  
Inj. 10mg/ml 75 ml Route: IM

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

Determination of Death

|  |  |
|--|--|
| 5 minutes post injection                                     | 30 minutes post injection                                    |
| Lack of heartbeat-stethoscope (Initials) <u>[redacted]</u>   | Lack of heartbeat-stethoscope (Initials) <u>[redacted]</u>   |
| Lack of heartbeat-palpitation (Initials) <u>[redacted]</u>   | Lack of heartbeat-palpitation (Initials) <u>[redacted]</u>   |
| Lack of respiration-stethoscope (Initials) <u>[redacted]</u> | Lack of respiration-stethoscope (Initials) <u>[redacted]</u> |
| Lack of respiration-palpitation (Initials) <u>[redacted]</u> | Lack of respiration-palpitation (Initials) <u>[redacted]</u> |
| Lack of respiration-visual (Initials) <u>[redacted]</u>      | Lack of respiration-visual (Initials) <u>[redacted]</u>      |
| Lack of corneal reflex (Initials) <u>[redacted]</u>          | Lack of corneal reflex (Initials) <u>[redacted]</u>          |
| Lack of toe-pinch reflex (Initials) <u>[redacted]</u>        | Lack of toe-pinch reflex (Initials) <u>[redacted]</u>        |
| Lack of capillary refill (Initials) <u>[redacted]</u>        | Lack of capillary refill (Initials) <u>[redacted]</u>        |

|   |                              |
|---|------------------------------|
| <b>City of Danville</b><br>Animal Control Officer / Public Animal Shelter | <b>ANIMAL CUSTODY RECORD</b> |
|---|------------------------------|

|           |       |                          |         |      |   |
|-----------|-------|--------------------------|---------|------|---|
| ANIMAL ID | 41257 | CUSTODY DATE<br>MM/DD/YY | 7-18-25 | TIME | 9:00 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">AM</span><br><span style="border: 1px solid black; border-radius: 50%; padding: 2px;">PM</span> |
|-----------|-------|--------------------------|---------|------|---|

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>REASON FOR CUSTODY (mark appropriate box)</b>                         |  |  |   | <b>LOCATION WHERE CUSTODY WAS TAKEN</b> |  |
| <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<br>Name: |  | <input type="checkbox"/> Virginia<br><input type="checkbox"/> Out-of-State |   |   |  |

|  |  |
|--|--|
| <b>OWNER'S NAME &amp; ADDRESS (if known)</b> | <b>ADDITIONAL INFORMATION</b><br><br>10-Day<br><br>Attacked another cat. |
|--|--|

| ANIMAL DESCRIPTION                         |       |                  |   |   |  |
|--|-------|------------------|---|---|--|
| SPECIES                                    | BREED | COLOR / MARKINGS | SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female         | Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk |  |
| <input checked="" type="checkbox"/> Feline | DSH   | Grey             | Approximate AGE: 3 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO |   |  |
| <input type="checkbox"/> Canine            |       |                  | Approximate WEIGHT: 9 <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<br>(Number - Details)  | Rabies Tag<br>(Number - Details) | Tattoo<br>(Describe) | Collar<br>(Describe - Color, Type, etc.) | Microchip or Other Identification<br>(Describe - Details) |
| none   | none                             | none                 | none                                     | Scan: 7-18-25<br>Scan: 7-20-25<br>not detel               |

| CUSTODY RECORD PREPARED BY |                             |
|----------------------------|-----------------------------|
| Signature:                 | DATE: (MM/DD/YY)<br>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:   |

|                              |  |
|------------------------------|--|
| <b>DISPOSITION OF ANIMAL</b> | HOLDING PERIOD EXPIRES ON (Date): 7-28-25    |
| 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    |                 |   |   |       |

Did you contact another shelter? NO
Why did they decline to accept?