

# Euthanasia Checklist

Euthanasia Date 8-7-25 ID # 41260

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]

3 ml Route: IV XIP

## 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: 41260      CUSTODY DATE: 7/21/25      TIME: 8:57 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)**      **ADDITIONAL INFORMATION**

[Redacted Name and Address]      - too many, couldn't keep  
- mama &  
3 kittens

**ANIMAL DESCRIPTION**

SPECIES:  Feline    BREED: DSH    COLOR / MARKINGS: black/wht    SEX:  Male  Female    Altered: Y  N  Unk

Approximate AGE: 1 YR     YR  MO

Approximate WEIGHT: 5 LB     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: 7/21/25 Scan: 7-26-25 none detected

**CUSTODY RECORD PREPARED BY**

Signature: [Signature]      DATE: (MM/DD/YY) 7/21/25

**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, I will follow all appropriate procedures.

SIGNATURE: [Redacted Signature]

**DISPOSITION OF ANIMAL**      HOLDING PERIOD EXPIRES ON: 7-22-25

DATE: (MM/DD/YY) 8-7-25      FINAL MICROCHIP SCAN PERFORMED BY (Initial): [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
		8-7-25				

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