

Euthanasia Checklist

Euthanasia Date 8/25 ID # 41265 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]
2 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)
- Lack of capillary refill (Initials)

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)
- Lack of capillary refill (Initials)

City of Danville Animal Control Officer / Public Animal Shelter			ANIMAL CUSTODY RECORD		
ANIMAL ID	41265	CUSTODY DATE MM/DD/YY	7/20/25	TIME	9:38 AM
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	DASH	
<input type="checkbox"/> Transfer from Another Releasing Agency	<input checked="" type="checkbox"/> Virginia	<input type="checkbox"/> Other:			
Name:	<input type="checkbox"/> Out-of-State				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
			- found in woman's car next to motor Spring		
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	DSH	tort	Approximate AGE: 8 wks <input type="checkbox"/> YR <input type="checkbox"/> MO		
<input type="checkbox"/> Canine			Approximate WEIGHT: 2 <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: 7/20/25 Scan 7/20/25 none detected	
CUSTODY RECORD PREPARED BY					
Signature:			DATE: (MM/DD/YY)		
			7/20/25		
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: Euth			HOLDING PERIOD EXPIRES ON (Date): 7-27-25		
DATE: (MM/DD/YY)		FINAL MICROCHIP SCAN PERFORMED BY (Initials)			
8/8/25					
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)
		8/8/25			

Did you contact another shelter?

Why did they decline to accept?