

Euthanasia Checklist

Euthanasia Date 8-13-25 ID # 41271

Custody verified (Initials) [Redacted]



Sedative: Acepromazine (Initials) [Redacted]
Oral (strength mg) # of tablets
Inj. 10mg/ml 125 ml Route: IM

Sodium Pen (Fatal Plus) Initials [Redacted]
1/2 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 41271	CUSTODY DATE MM/DD/YY 7/22/25		TIME 10:27	AM PM		
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	737 Stokes St		
<input type="checkbox"/> Transfer from Another Releasing Agency Name:	<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other:				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
			Charlie			
ANIMAL DESCRIPTION						
SPECIES <input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	BREED DMH	COLOR / MARKINGS orange / white	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y N Unk	Approximate AGE: 2 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO Approximate WEIGHT: 2 <input checked="" 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)		
n	n	n	n	Scan: n 7-22-25 Scan 8-1-25		
CUSTODY RECORD PREPARED BY						
Signature:			DATE: (MM/DD/YY)			
			7/22/25			
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): 7-29-25			
DATE: (MM/DD/YY)		FINAL MICROCHIP SCAN PERFORMED BY (Initial):				
8-13-25						
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)	Other
		8-13-25				

Did you contact another shelter?

Why did they decline to accept?