

# Euthanasia Checklist

Euthanasia Date 9-5-25 ID # 41274

Custody verified (Initials) [Redacted]

Sedative: Acepromazine (Initials) [Redacted]  
Oral (strength          mg) # of tablets           
Inj. 10mg/ml .30 ml Route: IM

Sodium Pen (Fatal Plus) Initials [Redacted]  
3 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)

Documented by:

City of Danville  
Animal Control Officer / Public Animal Shelter

**ANIMAL CUSTODY RECORD**

ANIMAL ID

41274

CUSTODY DATE  
MM/DD/YY

7-21-25

TIME

10:35

AM  
PM

**REASON FOR CUSTODY (mark appropriate box)**

**LOCATION WHERE CUSTODY WAS TAKEN**

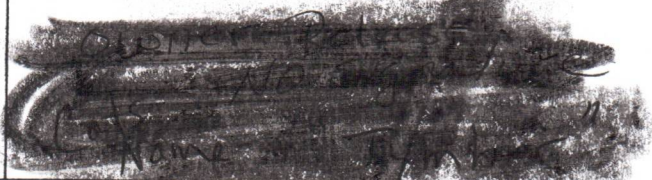
Stray / At Large     Owner Surrender     Seized     Bite Case Quarantine

Transfer from Another Releasing Agency     Virginia     Other:  
Name:     Out-of-State

DASH

**OWNER'S NAME & ADDRESS (if known)**

**ADDITIONAL INFORMATION**



**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	gray/white	Approximate AGE: 2 yr <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	Approximate WEIGHT: 6# <input 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)
none	none	none	none	Scan: 7-21-25 Scan: 23025 none

**CUSTODY RECORD PREPARED BY**

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 back, I will follow adoption procedures.

SIGNATURE:

**DISPOSITION OF ANIMAL:** Euth    **HOLDING PERIOD EXPIRES ON (Date):** 7-28-25

**DATE:** (MM/DD/YY) 8-5-25    **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
		8525				

Did you contact another shelter?

Why did they decline to accept?