

Euthanasia Checklist

Euthanasia Date 7-27-25 ID # 41327 Custody verified (Initials) [Redacted]

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

Very Sick

Sodium Pen (Fatal Plus) Initials [Redacted]
/ ml Route: IV IP

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
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ANIMAL ID	41327	CUSTODY DATE MM/DD/YY	7-26-25	TIME	12:15 AM PM
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REASON FOR CUSTODY (mark appropriate box)	LOCATION WHERE CUSTODY WAS TAKEN
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<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 type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:	<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	Martinsville <div style="background-color: black; width: 100px; height: 20px; margin: 5px 0;"></div> very sick.

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y <input checked="" type="checkbox"/> Nk
<input type="checkbox"/> Feline	DSH	gray tabby	Approximate AGE: 4 WKS <input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 1# <input 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: 7-26-25 Scan: 7-27-25 none

CUSTODY RECORD PREPARED BY	
Signature: <div style="background-color: black; width: 100%; height: 20px;"></div>	DATE: (MM/DD/YY) <div style="font-size: 1.5em; text-align: center;">7-26-25</div>

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	HOLDING PERIOD EXPIRES ON (Date): 8-2-25
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DATE: (MM/DD/YY) 7-27-25	FINAL MICROCHIP SCAN PERFORMED BY (Initial): <div style="background-color: black; width: 100%; height: 15px;"></div>
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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
		7-27-25				

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