

Euthanasia Checklist

Euthanasia Date 7-28-25 ID # 41336 Custody verified (Initials) _____

Sedative: Acepromazine (Initials) _____ # of tablets _____
Oral (strength) _____ mg _____ ml Route: IM
Inj. 10mg/ml 3 ml Route: IM

Sodium Pen (Fatal Plus) Initials _____ ml Route: IV X IP

Diabetes
MS/Anest

Determination of Death

5 minutes post injection
Lack of heartbeat-stethoscope (Initials) _____
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) _____
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	41336	CUSTODY DATE MM/DD/YY	07/28/2025	TIME	12:30	AM <input checked="" type="radio"/> PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	Shelter		
<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
[REDACTED]	Advanced diabetes.

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: <input checked="" type="radio"/> N <input type="radio"/> Unk Approximate AGE: 5 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 12 <input checked="" type="checkbox"/> LB OTHER:
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	Siamese	Brown sealpoint	

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: 7-28-25 Scan: None Del

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 7-28-25

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: [REDACTED]

DISPOSITION OF ANIMAL	HOLDING PERIOD EXPIRES ON (Date):
DATE: (MM/DD/YY) 7-28-25	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
		7-28-25				

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