

Euthanasia Checklist

Euthanasia Date 7-7-25 ID # 41137 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted] # of tablets \_\_\_\_\_  
Oral (strength \_\_\_\_\_ mg) \_\_\_\_\_  
Inj. 10mg/ml 1.0 ml Route: IM

*inj*

Sodium Pen (Fatal Plus) Initials [redacted] 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]

ANIMAL ID	41337	CUSTODY DATE MM/DD/YY	7-28-25	TIME	2:50	AM PM
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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	DAHS	
<input type="checkbox"/> Transfer from Another Releasing Agency Name:		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
Unknown	Euth <del>injury</del> injury

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	GRY	Approximate AGE: <input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 6 <sup>lb</sup> <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: 7-28-25 Scan None Det

CUSTODY RECORD PREPARED BY	
Signature:	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:

DISPOSITION OF ANIMAL		HOLDING PERIOD EXPIRES ON (Date):				
DATE: (MM/DD/YY)	7-28-25	FINAL MICROCHIP SCAN PERFORMED BY (Initial):				
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? NO Why did they decline to accept?