

# Euthanasia Checklist

Euthanasia Date 8/5/25 ID # 41341

Custody verified (Initials) [Redacted]

Sedative: Acepromazine (Initials) [Redacted]

Oral (strength      mg) # of tablets     

Inj. 10mg/ml 0.25 ml Route: IM

Sodium Pen (Fatal Plus) Initials [Redacted]

1 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: 41341      CUSTODY DATE: 7-28-25      TIME: 4:54 PM

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

Stray / At Large     Owner Surrender     Seized     Bite Case Quarantine

Transfer from Another Releasing Agency     Virginia     Other:

Name: \_\_\_\_\_     Out-of-State

**LOCATION WHERE CUSTODY WAS TAKEN**  
DASH

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

**ADDITIONAL INFORMATION**: Trapping

**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	OR9 White Blk	Approximate AGE: 4-5wks <input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 1/2 <input checked="" 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: 8-4-25 New tag

**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** Euth      HOLDING PERIOD EXPIRES ON (Date): 8-4-25

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

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