

# Euthanasia Checklist

Euthanasia Date 8525 ID # 41344 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]

Oral (strength        mg) # of tablets       

Inj. 10mg/ml   .25   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) [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**

ANIMAL ID: 41344 CUSTODY DATE: 7-28-25 TIME: 7:00 <sup>AM</sup> <sub>PM</sub>

**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**  
DAHS

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

**ADDITIONAL INFORMATION**

**ANIMAL DESCRIPTION**

SPECIES:  Feline     Canine     Other

BREED: DAHS

COLOR / MARKINGS: Calico

SEX:  Male     Female    Altered:  Y     N     Unk

Approximate AGE: 5mths  YR     MO

Approximate WEIGHT: 3#  LB

OTHER: n

**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)
<u>n</u>	<u>n</u>	<u>n</u>	<u>n</u>	Scan: <u>7-28-25</u> Scan: <u>7-30-25</u> <u>rounded</u>

**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** Eus **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
		<u>8-5-25</u>				

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