

# Euthanasia Checklist

Euthanasia Date 8/25 ID # 41348

Custody verified (Initials) [Redacted]

Sedative: Acepromazine (Initials) [Redacted]

Oral (strength        mg) # of tablets       

Inj. 10mg/ml 0.35 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	41349	CUSTODY DATE MM/DD/YY	7-29-25	TIME	12:45	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	DAHS	
<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]	Can't Keep All these

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: <input type="checkbox"/> N <input checked="" type="radio"/> Unk	
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	Black	Approximate AGE: 1 yr	<input checked="" type="checkbox"/> YR	<input type="checkbox"/> MO
			Approximate WEIGHT: 7	<input checked="" type="checkbox"/> LB	
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: 7-29-25	Scan: 7-30-25
NONE					

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 7-29-25

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: Euth	HOLDING PERIOD EXPIRES ON (Date): 7-30-25
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DATE: (MM/DD/YY) 8-1-25	FINAL MICROCHIP SCAN PERFORMED BY (Initial): [REDACTED]
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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
		8-1-25				

Did you contact another shelter? *yes* Why did they decline to accept? *Halifax Co to bring to DAHS*