

Euthanasia Checklist

Euthanasia Date 8-1-25 ID# 41350

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]

(.2) 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 41350 **CUSTODY DATE** MM/DD/YY 7-29-25 **TIME** 12:45 AM
PM

REASON FOR CUSTODY (mark appropriate box) **LOCATION WHERE CUSTODY WAS TAKEN**

Stray / At Large
 Owner Surrender
 Seized
 Bite Case Quarantine
 Transfer from Another Releasing Agency
 Virginia
 Other:
Name: Out-of-State

DASH

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

[Redacted] Can't keep too many

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y <input checked="" type="checkbox"/> N
<input checked="" type="checkbox"/> Feline	DSH	gray Tabby	Approximate AGE: 8-10 WKS <input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 3 <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: 7-29-25 Scan: 7-30-25 None

CUSTODY RECORD PREPARED BY

Signature: *[Redacted]* **DATE:** (MM/DD/YY) 7-29-25

RIGHTFUL OWNER SURRENDER STATEMENT 7-30-25

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

DATE: (MM/DD/YY) 8-1-25 **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
		8-1-25				

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