

Euthanasia Checklist

Euthanasia Date 8.1.25 ID # 41351 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]
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	41351	CUSTODY DATE MM/DD/YY	7-29-25	TIME	12:45	AM	<input checked="" type="radio"/> PM
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		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:				
Name:		<input type="checkbox"/> Out-of-State					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
[REDACTED]				TO many to keep			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y	<input checked="" type="radio"/> Unk		
<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 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: 230-25 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, I will follow the procedures.							
SIGNATURE: [REDACTED]							
DISPOSITION OF ANIMAL: Euth				HOLDING PERIOD EXPIRES ON: (Date): 7-30-25			
DATE: (MM/DD/YY)		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	
		8/25					

Why did they decline to accept? Not at this time