

Euthanasia Checklist

Euthanasia Date 8-12-5 ID # 41352

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 41352 **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] 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="checkbox"/> N <input type="checkbox"/> Unk
<input checked="" type="checkbox"/> Feline	DSH	gray tabby	Approximate AGE: 8-10wks <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: 7-24-25 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 to be held, I understand the holding 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? Yes **Why did they decline to accept?** *[Redacted]*