

# Euthanasia Checklist

Euthanasia Date 8.1.25 ID # 41354

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

41354

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

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

To many to keep

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX:  Male  Female Altered: Y  Unk

Feline  
 Canine

DSH

gray tabby

Approximate AGE: 8-10wks  YR  MO

Approximate WEIGHT: 3  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:

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 to follow adoption procedures.

SIGNATURE:

DISPOSITION OF ANIMAL: Euth

HOLDING PERIOD EXPIRES ON: 7-30-25

DATE: (MM/DD/YY)

8-1-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)

AV

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? AV