

Euthanasia Checklist

Euthanasia Date 8-1-25 ID # 41355

Custody verified (Initials) [Redacted]

Sedative: Acepromazine (Initials) [Redacted]
Oral (strength mg) # of tablets
Inj. 10mg/ml .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)
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 41355 **CUSTODY DATE** MM/DD/YY 7-29-25 **TIME** 12:45 **AM** **PM**

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:
 Name: Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN
 DAHS

OWNER'S NAME & ADDRESS (if known) [REDACTED]

ADDITIONAL INFORMATION
 To many to keep

ANIMAL DESCRIPTION

SPECIES Feline Canine **BREED** DSH **COLOR / MARKINGS** Gray Tabby

SEX: Male Female **Altered:** Y N Unk

Approximate AGE: 1 YR MO

Approximate WEIGHT: 7 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, I will follow the adoption procedures.

SIGNATURE: [REDACTED]

DISPOSITION OF ANIMAL: Euth **HOLDING PERIOD EXPIRES ON (Date):** 7-30-25

DATE: (MM/DD/YY) 8-12-25 **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
		8-12-25				

Did you contact another shelter? yes **Why did they decline to accept?** NO
 Halifax sent them to DAHS