

Euthanasia Checklist

Euthanasia Date 8-1-25 ID # 41356

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]

1/2 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: 41356 CUSTODY DATE: 7-29-25 TIME: 12:45 AM/PM: 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)


ADDITIONAL INFORMATION
TO Many to Keep

ANIMAL DESCRIPTION

SPECIES: Feline Canine Other

BREED: DSH

COLOR / MARKINGS: Grey Tabby

SEX: Male Female Altered: Y N Unk

Approximate AGE: 8-10 wks YR MO

Approximate WEIGHT: 5 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 back, I will follow adoption procedures.

SIGNATURE: 

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):** 

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
		8125				

Did you contact another shelter? *yes* Why did they decline to accept? *NO*

WOL-PAY 5-11th-12-13