

Euthanasia Checklist

Euthanasia Date 8-1-25 ID # 41357 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	41357	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	DASH		
<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 transfer to Reep		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y <input type="checkbox"/> N <input checked="" type="radio"/> 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 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: 7-30-25 None		
CUSTODY RECORD PREPARED BY						
Signature: [REDACTED]				DATE: (MMDDYY) 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: [REDACTED]						
DISPOSITION OF ANIMAL: Euth						
DATE: (MM/DD/YY) 8-1-25				HOLDING PERIOD EXPIRES ON (Date) 7-30-25		
FINAL MICROCHIP SCAN PERFORMED BY (Initial): A						
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?

HALIFAS sent him to DASH