

Euthanasia Checklist

Euthanasia Date 8/25 ID # 41351 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	41358	CUSTODY DATE MM/DD/YY	7-29-25	TIME	12:45 <input checked="" type="radio"/> 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		
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State		DAHS	
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[REDACTED]			To many to keep		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y <input checked="" type="radio"/> N <input type="radio"/> Unk	
<input checked="" type="checkbox"/> Feline	DASH	gray Tabby	Approximate AGE: 8-10 WKS <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: 7-29-25 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 back, I will follow adoption procedures.					
SIGNATURE: [REDACTED]					
DISPOSITION OF ANIMAL: Euth. HOLDING PERIOD EXPIRES ON: 7-30-25					
DATE: (MM/DD/YY)		FINAL MICROCHIP SCAN PERFORMED BY:			
8-1-25		[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)
		8-1-25			

Did you contact another shelter? yes Why did they decline to accept? NO
 [REDACTED] DAHS