

Euthanasia Checklist

Euthanasia Date 8-1-25 ID # 41359

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]

1/1 ml Route: IV IP

Determination of Death

5 minutes post injection

Lack of heartbeat-stethoscope (Initials) [Redacted]

Lack of heartbeat-palpitation (Initials) [Redacted]

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) [Redacted]

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: 41359 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 BREED: DSH COLOR / MARKINGS: Gray Tabby SEX: Male Altered: Y N Unk
Approximate AGE: 8-10 wks Approximate WEIGHT: 3 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 (Initials):

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
		8725				

Did you contact another shelter? Yes Why did they decline to accept? No