

# Euthanasia Checklist

Euthanasia Date 8/25 ID # 41360 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]  
1.5 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** 41360 **CUSTODY DATE** MM/DD/YY 7-29-25 **TIME** 12:45 **AM**  **PM**

**REASON FOR CUSTODY (mark appropriate box)** **LOCATION WHERE CUSTODY WAS TAKEN**

Stray / At Large  Owner Surrender  Seized  Bite Case Quarantine

Transfer from Another Releasing Agency  Virginia  Other:

Name:  Out-of-State

DAHS

**OWNER'S NAME & ADDRESS (if known)** **ADDITIONAL INFORMATION**

[REDACTED] Too many to keep

**ANIMAL DESCRIPTION**

**SPECIES**  Feline  Canine

**BREED** DSH

**COLOR / MARKINGS** Gray Tabby

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

**Approximate AGE:** 8-10 wks  YR  MO

**Approximate WEIGHT:** 3 ~~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:** [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 appropriate procedures.

**SIGNATURE** [REDACTED]

**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):** AV

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?** **Why did they decline to accept?**