

Euthanasia Checklist

Euthanasia Date 7-29-25 ID # 41862 Custody verified (Initials) [Redacted]

Sedative: Acepromazine (Initials) [Redacted]
Oral (strength _____ mg) # of tablets _____
Inj. 10mg/ml 1.10 ml Route: IM

Suck

Sodium Pen (Fatal Plus) Initials [Redacted]
3 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) [Redacted]

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) [Redacted]

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41362

CUSTODY-DATE
MM/DD/YY

7-29-25

TIME

3:45

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

1-Sick Euth

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	BLACK	Approximate AGE: 8wks <input type="checkbox"/> YR <input type="checkbox"/> MO	Approximate WEIGHT: 1 <input checked="" type="checkbox"/> 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 Out

CUSTODY RECORD PREPARED BY

Signature:

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:

DISPOSITION OF ANIMAL

HOLDING PERIOD EXPIRES ON (Date): 7-31-25

DATE: (MM/DD/YY)

7-29-25

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
		7-29-25				

Did you contact another shelter?

Why did they decline to accept?