

Euthanasia Checklist

Euthanasia Date 7-30-25 ID # 41363 Custody verified (Initials) _____

Sedative: Acepromazine (Initials) _____

Oral (strength _____ mg) # of tablets _____

Inj. 10mg/ml 1.6 ml Route: IM

Sodium Pen (Fatal Plus) Initials _____

1.2 ml Route: IV IP

Determination of Death

5 minutes post injection

Lack of heartbeat-stethoscope (Initials) _____

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) _____

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

41363

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

2
[Redacted]

Can't Keep

[Redacted] 24540

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSH	G/Y TAB	Approximate AGE: 7 wks	<input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 1	<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: None out

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: [Redacted]

DISPOSITION OF ANIMAL

HOLDING PERIOD EXPIRES ON (Date): 7-30-25

DATE: (MM/DD/YY) 7-30-25 FINAL MICROCHIP SCAN PERFORMED BY (Initial): [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)	Other
		7.30.25				

Did you contact another shelter?

Why did they decline to accept?