

Euthanasia Checklist

Euthanasia Date 7-30-25 ID # 41365 Custody verified (Initials) [redacted]

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

Sodium Pen (Fatal Plus) Initials [redacted]  
1/2 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) [redacted]
- Lack of respiration-palpitation (Initials) [redacted]
- Lack of respiration-visual (Initials) [redacted]
- Lack of corneal reflex (Initials) [redacted]
- Lack of toe-pinch reflex (Initials) [redacted]
- Lack of capillary refill (Initials) [redacted]

30 minutes post injection

- Lack of heartbeat-stethoscope (Initials) [redacted]
- Lack of heartbeat-palpitation (Initials) [redacted]
- Lack of respiration-stethoscope (Initials) [redacted]
- Lack of respiration-palpitation (Initials) [redacted]
- Lack of respiration-visual (Initials) [redacted]
- Lack of corneal reflex (Initials) [redacted]
- Lack of toe-pinch reflex (Initials) [redacted]
- Lack of capillary refill (Initials) [redacted]

City of Danville  
Animal Control Officer / Public Animal Shelter

# ANIMAL CUSTODY RECORD

ANIMAL ID

41365

CUSTODY DATE  
MM/DD/YY

7-29-25

TIME

4

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 Owner Name and Address]

[Redacted Additional Information]

## 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	DSH	gray	Approximate AGE: 12wks	<input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 2	<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 None out

## 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

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?