

## Euthanasia Checklist

Euthanasia Date 8525 ID # 41771 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 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: 41371      CUSTODY-DATE: 7-30-25      TIME: 145      AM/PM: (PM)

REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAHS
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:	
Name:		<input type="checkbox"/> Out-of-State		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
unknown	Trapping Very Very Wild

ANIMAL DESCRIPTION				
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSH	BLACK	Approximate AGE: 3mos <input type="checkbox"/> YR <input checked="" 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: 7-30-25 Scan: 8-1-25

**CUSTODY RECORD PREPARED BY**

Signature: [Redacted]      DATE: (MM/DD/YY) 7-30-25

**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):** 8-6-25

**DATE: (MM/DD/YY)** 8-5-25      **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
		8-5-25				

Did you contact another shelter?

Why did they decline to accept?