

Euthanasia Checklist

Euthanasia Date 8-5-25 ID # 41374

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]

1.0 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	41374	CUSTODY DATE MM/DD/YY	7-30-25	TIME	145 ^{AM} _{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 Name:		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other:			
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
unknown			Trapping 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	OR9	Approximate AGE: 3 mos <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: 8-5-25		
CUSTODY RECORD PREPARED BY						
Signature: 			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): 7-6-25						
DATE: (MM/DD/YY)		FINAL MICROCHIP SCAN PERFORMED BY (Initial)				
8-5-25						
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
		8525				

Did you contact another shelter?

Why did they decline to accept?