

# Euthanasia Checklist

Euthanasia Date 8-5-75 ID # 41375

Custody verified (Initials) [Redacted]

Sedative: Acepromazine (Initials) [Redacted]  
Oral (strength        mg) # of tablets         
Inj. 10mg/ml .50 ml Route: IM

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)

- 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** 41375      **CUSTODY DATE** MM/DD/YY 7-30-25      **TIME** 5:40 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

D.A.H.S.

**OWNER'S NAME & ADDRESS (if known)**      **ADDITIONAL INFORMATION**

fell out of truck bed on bypass

**ANIMAL DESCRIPTION**

|   |              |                         |   |                         |
|---|--------------|-------------------------|---|-------------------------|
| <b>SPECIES</b>  | <b>BREED</b> | <b>COLOR / MARKINGS</b> | <b>SEX:</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female  | <b>Altered:</b> Y N Unk |
| <input checked="" type="checkbox"/> Feline<br><input type="checkbox"/> Canine<br><input type="checkbox"/> | DSH          | Grey                    | Approximate AGE: 4 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO |                         |
|   |              |                         | Approximate WEIGHT: 3 <input checked="" type="checkbox"/> LB                          |                         |
|   |              |                         | OTHER:  |                         |

**ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not found, write NO)**

|  |   |                             |   |  |
|--|---|-----------------------------|---|--|
| <b>License Tag</b><br>(Number - Details) | <b>Rabies Tag</b><br>(Number - Details) | <b>Tattoo</b><br>(Describe) | <b>Collar</b><br>(Describe - Color, Type, etc.) | <b>Microchip or Other Identification</b><br>(Describe - Details) |
| none                                     | none                                    | none                        | none  | Scan: 7-30-25<br>Scan 8-4-25<br>not det.                         |

**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):** 8-6-25

**DATE:** (MM/DD/YY) 8-5-25      **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 |
|                   |         | 8525       |                 |   |   |       |

**Did you contact another shelter?**      **Why did they decline to accept?**