

## Euthanasia Checklist

Euthanasia Date 8/5/85 ID # 41376 Custody verified (Initials) [REDACTED]

Sedative: Acepromazine (Initials) [REDACTED]  
Oral (strength        mg) # of tablets         
Inj. 10mg/ml .75 ml Route: IM

Sodium Pen (Fatal Plus) Initials [REDACTED]  
.6 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	41376	CUSTODY DATE MM/DD/YY	7-29-25	TIME	430	AM PM
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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	DASH	
<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
	COUNTY

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	Blk wht	Approximate AGE: 2 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: 15 <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: 7-30-25 not det

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:

DISPOSITION OF ANIMAL: Euth	HOLDING PERIOD EXPIRES ON (Date): 8-5-25
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DATE: (MM/DD/YY) 8-5-25	FINAL MICROCHIP SCAN PERFORMED BY (Initial):
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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?