

Euthanasia Checklist

Euthanasia Date 7-31-25 ID # 41381 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]
Oral (strength [redacted] mg) # of tablets [redacted]
Inj. 10mg/ml 25 ml Route: IM W/Healed

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) [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]

OTHER:

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41381 **CUSTODY DATE** MM/DD/YY 7-31-25 **TIME** 3 AM
PM

REASON FOR CUSTODY (mark appropriate box) **LOCATION WHERE CUSTODY WAS TAKEN**

<input 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**

[Redacted Owner Information] Unweaned

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	D>H	Grey 2	Approximate AGE: 2 <u>yr</u> <input type="checkbox"/> YR <input type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: 17 <input 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)
n	n	n	n	Scan: 7-31-25 Scan: none det

CUSTODY RECORD PREPARED BY

Signature: *[Redacted]* DATE: (MM/DD/YY) 7-31-25

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 *Euth* **HOLDING PERIOD EXPIRES ON (Date):** 7-31-25

DATE: (MM/DD/YY) 7-31-25 **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
		7-31-25				

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