

Euthanasia Checklist

Euthanasia Date 7-31-25 ID # 41383

Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]

Oral (strength [redacted] mg) # of tablets [redacted]

Inj. 10mg/ml .25 ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted]

1 ml Route: IV AP

unmarked

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]

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41383 41383	CUSTODY DATE MM/DD/YY	7-31-25	TIME	3	AM PM
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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
	unweaned

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			Approximate AGE: 2 wks	<input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine	204	Gray Tab	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)
no	no	no	no	Scan: 7-31-25 Scan: no det

CUSTODY RECORD PREPARED BY	
Signature:	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:	

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):					
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?