

Euthanasia Checklist

Euthanasia Date 8-1-25 ID # 41388

Custody verified (Initials) [Redacted]

Sedative: Acepromazine (Initials) [Redacted]

Oral (strength mg) # of tablets

Inj. 10mg/ml 0.25 ml Route: IM

Sodium Pen (Fatal Plus) Initials [Redacted]

1.5 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	41388	CUSTODY DATE MM/DD/YY	7-31-25	TIME	4:20	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input checked="" 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
[REDACTED]	Can't keep sick Having seizure

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	Seal pt.	Approximate AGE: 8wk <input type="checkbox"/> YR <input 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: 7-31-25 Scan 8-1-25 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): 8-1-25
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DATE: (MM/DD/YY) 8-1-25		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
		8-1-25				

Did you contact another shelter?

Why did they decline to accept?