

Euthanasia Checklist

Euthanasia Date 8-5-25 ID # 41444

Custody verified (Initials) [Redacted]

Sedative: Acepromazine (Initials) [Redacted]

Oral (strength          mg) # of tablets         

Inj. 10mg/ml 35 ml Route: IM

Sodium Pen (Fatal Plus) Initials [Redacted]

3 ml Route: IV XIP

7#

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) [Redacted]

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) [Redacted]

<b>City of Danville</b> Animal Control Officer / Public Animal Shelter	<b>ANIMAL CUSTODY RECORD</b>
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ANIMAL ID	41444	CUSTODY DATE MM/DD/YY	7-29-25	TIME	6:30	AM PM
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<b>REASON FOR CUSTODY (mark appropriate box)</b>				<b>LOCATION WHERE CUSTODY WAS TAKEN</b>		
<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				
Name:				<input type="checkbox"/> Out-of-State		

<b>OWNER'S NAME &amp; ADDRESS (if known)</b>	<b>ADDITIONAL INFORMATION</b>
	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	DST	Blk/wht	Approximate AGE: 26 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO		
<input type="checkbox"/> Canine			Approximate WEIGHT: 10 <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 8-2-25 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:

<b>DISPOSITION OF ANIMAL</b> 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
		8-5-25				

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