

## Euthanasia Checklist

Euthanasia Date 8/22/85 ID # 41280

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]

1/2 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)

<b>City of Danville</b> Animal Control Officer / Public Animal Shelter	<b>ANIMAL CUSTODY RECORD</b>
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ANIMAL ID	41310	CUSTODY DATE MM/DD/YY	7/24/25	TIME	1251	AM <input checked="" type="radio"/> PM
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<b>REASON FOR CUSTODY (mark appropriate box)</b>				<b>LOCATION WHERE CUSTODY WAS TAKEN</b>		
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input checked="" type="checkbox"/> Bite Case Quarantine			
<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>
	 <input checked="" type="checkbox"/> Hold for Health Dept.

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y <input checked="" type="radio"/> Unk
<input checked="" type="checkbox"/> Feline	DSH	gry tabby	Approximate AGE: 3 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO		
<input type="checkbox"/> Canine			Approximate WEIGHT: 7 <input checked="" type="checkbox"/> LBS		
<input type="checkbox"/>			OTHER: NONE		

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	red, green yellow w/ bell	Scan: 7-24-25 Scan: 7-28-25

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MM/DD/YY) 7/24/25

**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>	HOLDING PERIOD EXPIRES ON (Date): 8-3-25
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DATE: (MM/DD/YY) 8-7-25	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
		8-17-25				:

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