

Euthanasia Checklist

Euthanasia Date 7-8-25 ID # 41064 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted] # of tablets 45  
Oral (strength          mg) # of tablets           
Inj. 10mg/ml 2.25 ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted] 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]

City of Danville  
Animal Control Officer / Public Animal Shelter

### ANIMAL CUSTODY RECORD

ANIMAL ID: 41064      CUSTODY DATE: 7/1/25      TIME: 2:20      AM  PM

#### REASON FOR CUSTODY (mark appropriate box)

#### LOCATION WHERE CUSTODY WAS TAKEN

Stray / At Large     Owner Surrender     Seized     Bite Case Quarantine



Transfer from Another Releasing Agency     Virginia     Other:

Name:     Out-of-State

#### OWNER'S NAME & ADDRESS (if known)

#### ADDITIONAL INFORMATION

*\*owner found dead in house*  
*\*family stated they did not want dog*

#### ANIMAL DESCRIPTION

SPECIES:  Feline     Canine    BREED: Husky mix    COLOR / MARKINGS: Grey    SEX:  Male     Female    Altered: Y N Unk  
Approximate AGE: 5     YR     MO  
Approximate WEIGHT: 30     LB    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: 7-01-25 Scan: 7-3-25 none detected.

#### CUSTODY RECORD PREPARED BY

Signature:      DATE: (MM/DD/YY) 7/1/25

#### 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: 7/8/25      HOLDING PERIOD EXPIRES ON (Date): 7-7-25

DATE: (MM/DD/YY) 7-8-25      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
		7-8-25				

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