

# Euthanasia Checklist

Euthanasia Date 8/8/25 ID # 41076 Custody verified (Initials) [Redacted]

Sedative: Acepromazine (Initials) [Redacted]  
Oral (strength        mg) # of tablets         
Inj. 10mg/ml .40 ml Route: IM

Sodium Pen (Fatal Plus) Initials [Redacted]  
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	41074	CUSTODY DATE MM/DD/YY	7-1-25	TIME	1:00	AM <u>PM</u>
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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 type="checkbox"/> Owner Surrender <input type="checkbox"/> Seized <input type="checkbox"/> Bite Case Quarantine	DAHS

<input type="checkbox"/> Transfer from Another Releasing Agency Name:	<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input checked="" type="checkbox"/> Other: Born Here
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<b>OWNER'S NAME &amp; ADDRESS (if known)</b>	<b>ADDITIONAL INFORMATION</b>
	Born Here

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female    Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	pit x	Brown	Approximate AGE: <input type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT:    1/4 <input checked="" type="checkbox"/> 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)
none	none	none	none	Scan: 7-1-25 Scan: 7-12-25 none

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:** Euth      **HOLDING PERIOD EXPIRES ON (Date):** 8-26-25

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

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