

Euthanasia Checklist

Euthanasia Date 8-25 ID # 41080 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)

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41080

CUSTODY DATE
MM/DD/YY

7-1-25

TIME

1:00

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
Name: Out-of-State

Other:
Born Here

D A H S

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Born Here

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

Pit X

gray

Approximate AGE: YR MO

Approximate WEIGHT: 1/4 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?