

# Euthanasia Checklist

Euthanasia Date 8-1-25 ID # 41081

Custody verified (Initials) [Redacted]

Sedative: Acepromazine (Initials) [Redacted]

Oral (strength        mg) # of tablets       

Inj. 10mg/ml 0.50 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	41081	CUSTODY DATE MM/DD/YY	7-1-25	TIME	1:00	AM <input checked="" type="radio"/> PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
<input type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	D A H S		
<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			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	Born Here

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input 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 checked="" 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: 7-1-22 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
		8825				

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