





Euthanasia Checklist



Euthanasia Date 7-3-25 ID # 411087 Custody verified (Initials) 

Sedative: Acepromazine (Initials)   
Oral (strength          mg) # of tablets           
Inj. 10mg/ml 2.5 ml Route: IM

Sodium Pen (Fatal Plus) Initials   
6 ml Route: XIV IP

Determination of Death

5 minutes post injection  
Lack of heartbeat-stethoscope (Initials)   
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)   
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: 41087      CUSTODY DATE: 7-2-25      TIME: 2      AM/PM: PM


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

Stray / At Large     Owner Surrender     Seized     Bite Case Quarantine

Transfer from Another Releasing Agency     Virginia     Other:

Name:     Out-of-State

**LOCATION WHERE CUSTODY WAS TAKEN**  
DAHS

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


**ADDITIONAL INFORMATION**  
Vinny (male)  
Cream


**ANIMAL DESCRIPTION**

|   |       |                  |   |  |
|---|-------|------------------|---|--|
| SPECIES   | BREED | COLOR / MARKINGS | SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female             | Altered: Y N Unk   |
| <input type="checkbox"/> Feline<br><input checked="" type="checkbox"/> Canine<br><input type="checkbox"/> | Pit   | Cream            | Approximate AGE: 6 mos <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO | Approximate WEIGHT: 50# <input checked="" type="checkbox"/> LB |
| OTHER: Vinny  |       |                  |   |  |

**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: 7-2-25<br>Scan: 7-3-25<br>NO Det                 |

**CUSTODY RECORD PREPARED BY**


Signature:       DATE: (MM/DD/YY) 7-2-25

**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**      HOLDING PERIOD EXPIRES ON (Date): 7-3-25

DATE: (MM/DD/YY) 7-3-25      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 |
|-------------------|---------|------------|-----------------|---|---|-------|
|                   |         | 7-3-25     |                 |   |   |       |

Did you contact another shelter? *yes*      Why did they decline to accept? *Har. Tax - Full*