

Euthanasia Checklist

Euthanasia Date 7-14-25 ID # 41093

Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]
Oral (strength [redacted] mg) # of tablets _____
Inj. 10mg/ml 20 ml Route: IM _____

Sodium Pen (Fatal Plus) Initials [redacted]
2 ml Route: XIV 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	41093	CUSTODY DATE MM/DD/YY	7-2-25	TIME	4:50	AM <input checked="" type="radio"/> PM
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" 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		<input type="checkbox"/> Virginia		<input type="checkbox"/> Other:		
Name:			<input type="checkbox"/> Out-of-State			
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Unknown				Found on North main Very skinny - something wrong with his back leg		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR / MARKINGS	SEX:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Altered: Y N Unk
<input type="checkbox"/> Feline			Approximate AGE:	8	<input checked="" type="checkbox"/> YR	<input type="checkbox"/> MO
<input checked="" type="checkbox"/> Canine	Chi	Brown	Approximate WEIGHT:		<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	BLACK	Scan: 7-2-25 Scan 7-3-25 None 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):		
				7-9-25		
DATE: (MM/DD/YY)			FINAL MICROCHIP SCAN PERFORMED BY (In 			
7-14-25						
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
		X				

Did you contact another shelter? NO

Why did they decline to accept?