

Euthanasia Checklist

Euthanasia Date 7-8-25 ID # 4111 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted] # 40
Oral (strength mg) # of tablets
Inj. 10mg/ml 2.0 ml Route: IM

Sodium Pen (Fatal Plus) Initials ml Route: IV 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)

Sex: <u> </u>	Color: <u> </u>	Registered: <u> </u> Y N Unk
Approximate AGE: <u> </u>		<input checked="" type="checkbox"/> XRAY <input type="checkbox"/> MO
Approximate WEIGHT: <u>40</u>		<input checked="" type="checkbox"/> CLB

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41111

CUSTODY DATE
MM/DD/YY

7-3-25

TIME

3:15

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 Other:
Name: Out-of-State

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



Can't Keep No longer

Princess

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	gray white	Approximate AGE: 1 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	Approximate WEIGHT: 40 <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: 7-3-25 Scan 7-4-25 NONE Det

CUSTODY RECORD PREPARED BY

Signature:



DATE: (MM/DD/YY)

7-3-25

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): 7-4-25

DATE: (MM/DD/YY)

7-8-25

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
		7-8-25				

Did you contact another shelter?

yes

Why did they decline to accept? - Full-Out of their district