

Euthanasia Checklist

Euthanasia Date 7-23-25 ID # 41113 [redacted] Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted] # of tablets [redacted]
Oral (strength) 1.25 mg ml Route: IM

Inj. 10mg/ml [redacted] ml Route: IV IP

Sodium Pen (Fatal Plus) Initials [redacted] 3/2 ml Route: X IV IP

Determination of Death

- 5 minutes post injection [redacted]
- Lack of heartbeat-stethoscope (Initials) [redacted]
- Lack of heartbeat-palpitation (Initials) [redacted]
- Lack of respiration-stethoscope (Initials) [redacted]
- Lack of respiration-palpitation (Initials) [redacted]
- Lack of respiration-visual (Initials) [redacted]
- Lack of respiration-reflex (Initials) [redacted]
- Lack of corneal reflex (Initials) [redacted]
- Lack of toe-pinch reflex (Initials) [redacted]
- Lack of capillary refill (Initials) [redacted]

- 30 minutes post injection [redacted]
- Lack of heartbeat-stethoscope (Initials) [redacted]
- Lack of heartbeat-palpitation (Initials) [redacted]
- Lack of respiration-stethoscope (Initials) [redacted]
- Lack of respiration-palpitation (Initials) [redacted]
- Lack of respiration-visual (Initials) [redacted]
- Lack of respiration-reflex (Initials) [redacted]
- Lack of corneal reflex (Initials) [redacted]
- Lack of toe-pinch reflex (Initials) [redacted]
- Lack of capillary refill (Initials) [redacted]

City of Danville Animal Control Officer / Public Animal Shelter	ANIMAL CUSTODY RECORD
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ANIMAL ID	41113	CUSTODY DATE MM/DD/YY	7-3-25	TIME	4:00 PM
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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 <input type="checkbox"/> Transfer from Another Releasing Agency <input type="checkbox"/> Virginia <input type="checkbox"/> Other: Name: _____ <input type="checkbox"/> Out-of-State	DAHS

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
Unknown	Found Greenwich Circle

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	Sheep X	Tan	Approximate AGE: 5-6 mos. <input type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 25 <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	Blk	Scan: 7-3-25 Scan: 7-7-25 NO Det 7-23-25

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): 7-10-25
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DATE: (MM/DD/YY)	7-23-25	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
		7-23-25				

Did you contact another shelter? NO Why did they decline to accept? _____