

Euthanasia Checklist

Euthanasia Date 7-10-25 ID # 41123 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]
Oral (strength mg) # of tablets
Inj. 10mg/ml 1.50 ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted] 4 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)



City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41123 **CUSTODY DATE** MM/DD/YY 7-5-25 **TIME** 12:10 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

DASH

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

[REDACTED] Couldn't afford any longer.
 kirito

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk
<input type="checkbox"/> Feline	Chihuahua	Black	Approximate AGE: 1yr 2ms <input type="checkbox"/> YR <input type="checkbox"/> MO
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 30 <input type="checkbox"/> LBS <input type="checkbox"/> "
<input type="checkbox"/>			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: 7-5-25 Scan: 7-7-25 None

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] **DATE: (MM/DD/YY)** 7-5-25

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: [REDACTED]

DISPOSITION OF ANIMAL Euth **HOLDING PERIOD EXPIRES ON (Date):** 7-6-25

DATE: (MM/DD/YY) 7-10-25 **FINAL MICROCHIP SCAN PERFORMED BY (Initial):** [REDACTED]

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
		7-10-25				

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