

Euthanasia Checklist

Euthanasia Date 7-14-25 ID # 41136 Custody verified (Initials) [redacted]

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

Sodium Pen (Fatal Plus) Initial [redacted] _____
0 ml Route: X 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) _____

7-17-25

City of Danville Animal Control Officer / Public Animal Shelter	ANIMAL CUSTODY RECORD
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ANIMAL ID	41136	CUSTODY DATE MM/DD/YY	7-7-25	TIME	AM <u>PM</u>
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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	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 At Walmart

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	TAN	Approximate AGE: 2 <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)	<u>Collar</u> (Describe - Color, Type, etc.)	Microchip or Other Identification (Describe - Details)
None	None	None	PINK W/ yellow Bottle	Scan: 7-7-25 None out Scan 7-8-25 not detected

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MM/DD/YY) 7-7-25

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): 7-14-25
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DATE: (MM/DD/YY) 7-14-25	FINAL MICROCHIP SCAN PERFORMED BY (Initial):
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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				

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