

Euthanasia Checklist

Custody verified (Initials) \_\_\_\_\_

Euthanasia Date 7-14-28 ID # 41140

Sedative: Acepromazine (Initials) \_\_\_\_\_ # of tablets \_\_\_\_\_  
Oral (strength) \_\_\_\_\_ mg \_\_\_\_\_ ml Route: IM  
Inj. 10mg/ml 1.5 ml Route: IM

Sodium Pen (Fatal Plus) Initials \_\_\_\_\_ IP  
6 ml Route: XIV 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) \_\_\_\_\_

<b>City of Danville</b> Animal Control Officer / Public Animal Shelter	<b>ANIMAL CUSTODY RECORD</b>
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ANIMAL ID	41140	CUSTODY DATE MM/DD/YY	7-7-25	TIME	243	AM <input checked="" type="radio"/> PM
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<b>REASON FOR CUSTODY (mark appropriate box)</b>				<b>LOCATION WHERE CUSTODY WAS TAKEN</b>		
<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				
Name:		<input type="checkbox"/> Out-of-State				

<b>OWNER'S NAME &amp; ADDRESS (if known)</b>	<b>ADDITIONAL INFORMATION</b>
Unknown	Roaming in Park

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk	
<input type="checkbox"/> Feline	Pit y	Blk-white	Approximate AGE: 1 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO		
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 25 <input checked="" type="checkbox"/> LB		
<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: 7-7-25 Scan: 7-6-25 None Det

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:

<b>DISPOSITION OF ANIMAL</b>	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
		7-14-25				

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