

Euthanasia Checklist

Euthanasia Date 7-23-25 ID # 41149 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted] # of tablets _____
Oral (strength mg) _____
Inj. 10mg/ml 3.25 ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted] 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: 41149 CUSTODY DATE: 7-6-25 TIME: 3 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:
 Out-of-State

Name: _____

DAYS

OWNER'S NAME & ADDRESS (if known) **ADDITIONAL INFORMATION** 7-18-25

Dog attacked a couple shelter dogs

Beau


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 <input type="checkbox"/>	Pitt Bull	Brown / tan	Approximate AGE: 3 YR <input checked="" type="checkbox"/> MO <input type="checkbox"/>	Approximate WEIGHT: 65 LB <input checked="" 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: 7-7-25 Scan: 7-10-25 None Det

CUSTODY RECORD PREPARED BY

Signature:  DATE: (MM/DD/YY) 7-6-25

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): 7-18-25

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? Why did they decline to accept?