

Euthanasia Checklist

Euthanasia Date 7-10-25 ID # 41156 Custody verified (Initials) [redacted]

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

Sodium Pen (Fatal Plus) Initials [redacted] \_\_\_\_\_ IP  
5 ml Route: IV \_\_\_\_\_ IP

Determination of Death

5 minutes post injection  
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 corneal reflex (Initials) [redacted]  
Lack of toe-pinch reflex (Initials) [redacted]  
Lack of capillary refill (Initials) [redacted]

30 minutes post injection  
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 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

ANIMAL ID

41156

CUSTODY DATE  
MM/DD/YY

7-8-25

TIME

2:30

AM  
PM

#### REASON FOR CUSTODY (mark appropriate box)

- Stray / At Large    Owner Surrender    Seized    Bite Case Quarantine
- Transfer from Another Releasing Agency    Virginia    Other:
- Name: \_\_\_\_\_    Out-of-State

#### LOCATION WHERE CUSTODY WAS TAKEN

DAHS

#### OWNER'S NAME & ADDRESS (if known)

#### ADDITIONAL INFORMATION

They Can't Keep

max

#### 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"/>	Ret. X X	BROWN	Approximate AGE: 6 MOS <input type="checkbox"/> YR <input checked="" 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)	Collar (Describe - Color, Type, etc.)	Microchip or Other Identification (Describe - Details)
None	None	None	None	Scan: 7-8-25 Scan: 7-9-25 None Det

#### CUSTODY RECORD PREPARED BY

Signature: \_\_\_\_\_

DATE: (MMDDYY)

7-8-25

#### 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: Euth

HOLDING PERIOD EXPIRES ON (Date): 7-7-25

DATE: (MMDDYY)

7-10-25

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
		7-10-25				

Did you contact another shelter?

Yes

Why did they decline to accept?