

Euthanasia Checklist

Euthanasia Date 7-10-25 ID # 41157 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted] # of tablets _____
Oral (strength) [redacted] mg _____
Inj. 10mg/ml 2.50 ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted] _____
2 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) _____

[Large redacted area]

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41157 CUSTODY DATE: 7-8-25 TIME: 2:30 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
Big Boy

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk
<input type="checkbox"/> Feline	<u>Chow X</u>	<u>Brown</u>	Approximate AGE: <u>2</u> <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: <u>50</u> <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)
<u>None</u>	<u>None</u>	<u>None</u>	<u>None</u>	Scan: <u>7-8-25</u> Scan: <u>7-9-25</u> <u>None De</u>

CUSTODY RECORD PREPARED BY

Signature: _____ DATE: (MM/DD/YY) 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): 7-9-25

DATE: (MM/DD/YY) 7-10-25 FINAL MICROCHIP SCAN PERFORMED BY (Initials): _____

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
		<u>7-10-25</u>				

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