

Euthanasia Checklist

Euthanasia Date 7-11-25 ID # 91145 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]  
Oral (strength      mg) # of tablets       
Inj. 10mg/ml 1.25 ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted]  
10 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: 21165      CUSTODY DATE: 7-9-25      TIME: 10:45 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

DAHS

**OWNER'S NAME & ADDRESS (if known)**      **ADDITIONAL INFORMATION**

[REDACTED]

He said CAN'T TAKE CARE OF HER NO LONGER

COCO

**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR / MARKINGS	SEX: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Pit	Brindle	Approximate AGE: 10	<input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
			Approximate WEIGHT: 35	<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: 7-9-25 Scan: 7-10-25 None Det

**CUSTODY RECORD PREPARED BY**

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

**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):** 7-10-25

DATE: (MM/DD/YY) 7-11-25      **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
		7-11-25				

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