

Euthanasia Checklist

Custody verified (Initials) _____

Euthanasia Date 7/1/25 ID # 11166

Sedative: Acepromazine (Initials) _____ # of tablets _____
Oral (strength) _____ mg
Inj. 10mg/ml 2.0 ml Route: IM

Sodium Pen (Fatal Plus) Initials _____
1 ml Route: IV 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) _____

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41166	CUSTODY DATE MM/DD/YY	7-9-25	TIME	11	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
<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 Name:		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other:			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	owner moved -> left dogs she's trying to catch other two

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk	
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Husky	white	Approximate AGE: 3	<input checked="" type="checkbox"/> YR	<input 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	Black	Scan: 7-9-25 Scan: 7-11-25 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):** ~~7-11-25~~ 7-21-25

DATE: (MM/DD/YY) 7-18-25 **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
		7-18-25				

Did you contact another shelter?

NO

Why did they decline to accept?