

Euthanasia Checklist

Euthanasia Date 7-23-25 ID # 41173 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]
Oral (strength) [redacted] mg # of tablets _____
Inj. 10mg/ml 4.00 ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted]
9 ml Route: XIV 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) _____

Documented by [redacted] Date 7-4-25

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD


ANIMAL ID 41173 **CUSTODY DATE** MM/DD/YY 7-9-25 **TIME** 1:50 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:
Name: Out-of-State

DAN

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

 Too much for the "high energy" Ellie


ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y N Unk Approximate AGE: 5 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 80 <input checked="" type="checkbox"/> LB OTHER:
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/> _____	Amer. Pit	Blue	

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 NO Det 7-23-25

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 **HOLDING PERIOD EXPIRES ON (Date)** 7-10-25

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? NO **Why did they decline to accept?**