

*Handwritten initials*

Euthanasia Checklist

*pr*

Euthanasia Date 7-14-25 ID # 41174 Custody verified (Initials) [Redacted]

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

Sodium Pen (Fatal Plus) Initials [Redacted] IV            IP             
3 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)

Date

**City of Danville**  
Animal Control Officer / Public Animal Shelter

**ANIMAL CUSTODY RECORD**


ANIMAL ID: **41174** CUSTODY DATE: **7-9-25** TIME: **3:39** **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**  
Mother dog she passed away  
Too much for family to keep.  



**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Blue Heeler	Brindle	Approximate AGE: 1 <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	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** HOLDING PERIOD EXPIRES ON (Date): **4-10-25**

DATE: (MM/DD/YY) **7-14-25** 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
		<b>7-14-25</b>				

Did you contact another shelter? **yes** Why did they decline to accept? **Pet Center said they couldn't take them**