

Euthanasia Checklist

Euthanasia Date 7-14-25 ID # 41175 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]  
Oral (strength      mg) # of tablets       
Inj. 10mg/ml 1.5 ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted] 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<br>Animal Control Officer / Public Animal Shelter   |   |  | ANIMAL CUSTODY RECORD   |   |   |   |
| ANIMAL ID  | 41175   | CUSTODY DATE<br>MM/DD/YY   | 7-9-25  | TIME  | 3:39  | AM<br><input checked="" type="radio"/> PM |
| REASON FOR CUSTODY (mark appropriate box)  |   |  |   | LOCATION WHERE CUSTODY WAS TAKEN                                  |   |   |
| <input type="checkbox"/> Stray / At Large  | <input checked="" type="checkbox"/> Owner Surrender | <input type="checkbox"/> Seized  | <input type="checkbox"/> Bite Case Quarantine   | DAHS  |   |   |
| <input type="checkbox"/> Transfer from Another Releasing Agency<br>Name:   |   | <input type="checkbox"/> Virginia<br><input type="checkbox"/> Out-of-State | <input type="checkbox"/> Other:   |   |   |   |
| OWNER'S NAME & ADDRESS (if known)  |   |  | ADDITIONAL INFORMATION  |   |   |   |
|  |   |  | Her mother passed away so  tried to much for her 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<br><input checked="" type="checkbox"/> Canine<br><input type="checkbox"/>  | Chi   |  | Approximate AGE: 2 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO |   |   |   |
|  |   |  | Approximate WEIGHT: 20 <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<br>(Number - Details)  | Rabies Tag<br>(Number - Details)                    | Tattoo<br>(Describe)   | Collar<br>(Describe - Color, Type, etc.)  | Microchip or Other Identification<br>(Describe - Details)         |   |   |
| None   | None  | None   | None  | Scan: 7-9-25<br>Scan: 7-10-25<br>None Det                         |   |   |
| CUSTODY RECORD PREPARED BY   |   |  |   |   |   |   |
| Signature:   |   |  | DATE: (MM/DD/YY)<br>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) 7-14-25   |   |  | 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                                     |
|  |   | 7-14-25  |   |   |   |   |

Did you contact another shelter?

Why did they decline to accept?