



Euthanasia Checklist

Custody verified (Initials) 

Euthanasia Date 7-10-25 ID # 41188

Sedative: Acepromazine (Initials)  mg) # of tablets \_\_\_\_\_  
Oral (strength 0.50 ml Route: IM


Inj. 10mg/ml 

Sodium Pen (Fatal Plus) Initials  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 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 respiration-visual (Initials)
- Lack of corneal reflex (Initials)
- Lack of toe-pinch reflex (Initials)
- Lack of capillary refill (Initials)

Approximate WEIGHT: 200  YR  MO

LB

BRINK

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

**ANIMAL CUSTODY RECORD**

<b>ANIMAL ID</b>	41188	<b>CUSTODY DATE</b> MM/DD/YY	7-10-25	<b>TIME</b>	12:38	AM <input checked="" type="radio"/> PM
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<b>REASON FOR CUSTODY (mark appropriate box)</b>				<b>LOCATION WHERE CUSTODY WAS TAKEN</b>		
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DA HS		
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:			
Name:		<input type="checkbox"/> Out-of-State				

<b>OWNER'S NAME &amp; ADDRESS (if known)</b>	<b>ADDITIONAL INFORMATION</b>
[REDACTED]	She said the puppies are sick

ANIMAL DESCRIPTION			
<b>SPECIES</b>	<b>BREED</b>	<b>COLOR / MARKINGS</b>	<b>SEX:</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <b>Altered:</b> Y N Unk
<input type="checkbox"/> Feline	Pit	Brindle	Approximate AGE: 8wks <input type="checkbox"/> YR <input type="checkbox"/> MO
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: <input type="checkbox"/> LB
<input type="checkbox"/>			OTHER:

ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not found, write NO)				
<b>License Tag</b> (Number - Details)	<b>Rabies Tag</b> (Number - Details)	<b>Tattoo</b> (Describe)	<b>Collar</b> (Describe - Color, Type, etc.)	<b>Microchip or Other Identification</b> (Describe - Details)
None	None	None	None	Scan: 7-10-25 Scan: None Det

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 7-10-25

**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: [REDACTED]

<b>DISPOSITION OF ANIMAL:</b> Euth	<b>HOLDING PERIOD EXPIRES ON (Date):</b> 7-10-25
<b>DATE: (MM/DD/YY)</b> 7-10-25	<b>FINAL MICROCHIP SCAN PERFORMED BY (Initial):</b> [REDACTED]

<b>Returned to Owner</b>	<b>Adopted</b>	<b>Euthanized</b>	<b>Died in Custody</b>	<b>Transferred to Another Virginia Releasing Agency</b> (name of agency)	<b>Transferred to Out-of-State Releasing Agency</b> (name of agency)	<b>Other</b>
		7-10-25				

**Did you contact another shelter? Why did they decline to accept?**