

Euthanasia Checklist

Custody verified (Initials) \_\_\_\_\_

Euthanasia Date 7-10-25 ID # 41189

Sedative: Acepromazine (Initials) \_\_\_\_\_ # of tablets \_\_\_\_\_  
Oral (strength) \_\_\_\_\_ mg \_\_\_\_\_ ml Route: IM  
Inj. 10mg/ml 30 ml Route: IM

Sodium Pen (Fatal Plus) Initials \_\_\_\_\_ 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**

<b>ANIMAL ID</b>	41189	<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	DAHS		
<input type="checkbox"/> Transfer from Another Releasing Agency Name: _____		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other: _____			

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

ANIMAL DESCRIPTION					
<b>SPECIES</b>	<b>BREED</b>	<b>COLOR / MARKINGS</b>	<b>SEX:</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<b>Altered:</b> Y N Unk	
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Pit	Brindle	Approximate AGE: 8wk <input type="checkbox"/> YR <input type="checkbox"/> MO		
			Approximate WEIGHT: 1 <input checked="" type="checkbox"/> LB "		
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: _____	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 to follow adoption procedures.

SIGNATURE: \_\_\_\_\_

**DISPOSITION OF ANIMAL:** Euth **HOLDING PERIOD EXPIRES ON (Date):** 7-11-25

**DATE:** (MM/DD/YY) 7-10-25 **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
		7-10-25				

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