


Euthanasia Checklist

Euthanasia Date 7/14/25 ID # 41191



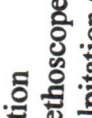
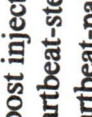
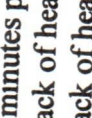
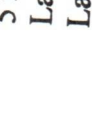


Custody verified (Initials) 

Sedative: Acepromazine (Initials) 
Oral (strength mg) # of tablets
Inj. 10mg/ml 1.25 ml Route: IM



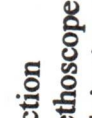
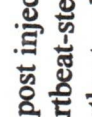
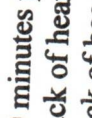
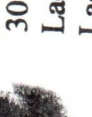


Sodium Pen (Fatal Plus) Initials 
3 ml Route: XIV IP

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

ANIMAL ID	41191	CUSTODY DATE MM/DD/YY	7/11/25	TIME	10:41	AM PM
-----------	-------	-----------------------	---------	------	-------	----------

REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input checked="" type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	Seized

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y <input checked="" type="checkbox"/> Unk
<input checked="" type="checkbox"/> Feline	hound mix	brn	Approximate AGE: 3 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 25 <input checked="" type="checkbox"/> LBS
<input type="checkbox"/>			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: NONE Scan 7/11/25 7-12-25

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 7/11/25

RIGHTS 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): 7-12-25
-----------------------	---

DATE: (MM/DD/YY) 7-14-25	FINAL MICROCHIP SCAN PERFORMED BY (Initial): [REDACTED]
--------------------------	---

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?