

Euthanasia Checklist

Custody verified (Initials) [redacted]

Euthanasia Date 7-14-25 ID # 41192

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

Sodium Pen (Fatal Plus) Initials [redacted] IP
6 ml Route: XIV

Determination of Death

- 5 minutes post injection _____
- Lack of heartbeat-stethoscope (Initials) [redacted] _____
- 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) [redacted] _____
- 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	41192	CUSTODY DATE MM/DD/YY	7/11/25	TIME	10:41	AM PM
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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 [REDACTED]

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk		
<input type="checkbox"/> Feline	Pitbull	black / brn brindle	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 7/11/25 Scan 7/12/25

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

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): 7-12-25
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DATE: (MM/DD/YY) 7-14-25	FINAL MICROCHIP SCAN PERFORMED BY (Initial): [REDACTED]
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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
		X				

Did you contact another shelter?

Why did they decline to accept?