

Euthanasia Checklist

Euthanasia Date 7-13-25 ID # 41202 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]
Oral (strength mg) # of tablets
Inj. 10mg/ml 20 ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted]
5 ml 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 Animal Control Officer / Public Animal Shelter	ANIMAL CUSTODY RECORD
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ANIMAL ID	41202	CUSTODY DATE MM/DD/YY	7-11-25	TIME	5:20 AM PM
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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	D A H S	
<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]	[REDACTED]

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Case Head	Blk/white	Approximate AGE: 12 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 40 <input type="checkbox"/> LB "
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: 7-11-25 Scan: 7-12-25 Not dot

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: [REDACTED]

DISPOSITION OF ANIMAL	HOLDING PERIOD EXPIRES ON (Date): 7-12-25
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DATE: (MM/DD/YY) 7-13-25	FINAL MICROCHIP SCAN PERFORMED BY (Initial): 7-13-25
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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 7-13-25				

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