

Euthanasia Checklist

Custody verified (Initials) [redacted]

Euthanasia Date 1-18-25 ID # 41207

Sedative: Acepromazine (Initials) [redacted] # of tablets \_\_\_\_\_  
Oral (strength) 40 mg/ml Route: IM  
Inj. 10mg/ml \_\_\_\_\_

Sodium Pen (Fatal Plus) Initials [redacted] IP \_\_\_\_\_  
0 ml Route: IV

Determination of Death

- 5 minutes post injection  [redacted]
- 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 reflex (Initials) \_\_\_\_\_
- Lack of corneal reflex (Initials) \_\_\_\_\_
- Lack of toe-pinch reflex (Initials) \_\_\_\_\_
- Lack of capillary refill (Initials) \_\_\_\_\_

- 30 minutes post injection  [redacted]
- 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 reflex (Initials) \_\_\_\_\_
- Lack of corneal reflex (Initials) \_\_\_\_\_
- Lack of toe-pinch reflex (Initials) \_\_\_\_\_
- Lack of capillary refill (Initials) \_\_\_\_\_

Approximate WEIGHT:	<u>15</u>	<u>LB</u>	<input checked="" type="checkbox"/> YR	<input type="checkbox"/> MO
			OWN	

City of Danville  
Animal Control Officer / Public Animal Shelter

### ANIMAL CUSTODY RECORD

ANIMAL ID	41207	CUSTODY DATE MM/DD/YY	7-11-25	TIME	1100 (PM) AM
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<b>REASON FOR CUSTODY (mark appropriate box)</b>				<b>LOCATION WHERE CUSTODY WAS TAKEN</b>	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DASH	
<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>
unknown	[REDACTED]

<b>ANIMAL DESCRIPTION</b>				
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N <input checked="" type="checkbox"/> Unk
<input type="checkbox"/> Feline			Approximate AGE:	<input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine	Samoyed	Brown	Approximate WEIGHT:	15 <input checked="" type="checkbox"/> LB
<input type="checkbox"/> Equine			OTHER:	

<b>ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not found, write NO)</b>				
License Tag (Number - Details)	Rabies Tag (Number - Details)	Tattoo (Describe)	Collar (Describe - Color, Type, etc.)	Microchip or Other identification (Describe - Details)
NO	NO	NO	NO	Scan: NO 7-11-25 Scan: 7-14-25 None Det

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

<b>RIGHTFUL OWNER SURRENDER STATEMENT</b>	
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:	

<b>DISPOSITION OF ANIMAL</b> Euth	<b>HOLDING PERIOD EXPIRES ON (Date):</b> 7-18-25
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<b>DATE: (MM/DD/YY)</b> 7-18-25	<b>FINAL MICROCHIP SCAN PERFORMED BY (Initials)</b> [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
		7-18-25				

Did you contact another shelter?

Why did they decline to accept?