

Euthanasia Checklist

Euthanasia Date 7-30-75 ID # 41215 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]
Oral (strength mg) # of tablets
Inj. 10mg/ml 2.5 ml Route: IM

30#

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

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) [redacted]

- 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) [redacted]

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41215 **CUSTODY DATE** MM/DD/YY 7-13-25 **TIME** 5:50 **AM** **PM**

REASON FOR CUSTODY (mark appropriate box) **LOCATION WHERE CUSTODY WAS TAKEN**

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:
 Name: Out-of-State

DAYS

OWNER'S NAME & ADDRESS (if known) **ADDITIONAL INFORMATION**

Small dog

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Pit	Brindle white on face	Approximate AGE: 2 YR <input checked="" type="checkbox"/> MO	
			Approximate WEIGHT: 50 LB <input checked="" 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	Black collar Red+Blk leash	Scan: 7-13-25 Scan: 7-14-25 not det.

CUSTODY RECORD PREPARED BY

Signature: _____ DATE: (MM/DD/YY) 7-13-25

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):** 7-25-25

DATE: (MM/DD/YY) 7-30-25 **FINAL MICROCHIP SCAN PERFORMED BY (Initials):** _____

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
		7-30-25 ✓				

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