


Euthanasia Checklist

Custody verified (Initials) 










Euthanasia Date 2-27-25 ID # Y1216







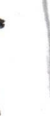
Sedative: Acepromazine (Initials)  # of tablets 14
Oral (strength 10 mg) ml . Route: IM
Inj. 10mg/ml ml . Route: IM

"Dignous"
D. D. D.

Sodium Pen (Fatal Plus) Initials  AV IP
6 ml Route: AV 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	41218	CUSTODY DATE MM/DD/YY	7/13/25	TIME	10:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> 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 type="checkbox"/> Seized	<input checked="" type="checkbox"/> Bite Case Quarantine	[REDACTED]	
<input type="checkbox"/> Transfer from Another Releasing Agency Name: _____		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other: _____		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	* Hold for Bite

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 MIX	Brindle/whr	Approximate AGE: 1 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 3.0 <input checked="" 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)
n	n	n	n	Scan: 27-13-25 Scan: 7-15-25 None

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	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: Euth	HOLDING PERIOD EXPIRES ON (Date): 7-23-25
DATE: (MM/DD/YY) 7-27-25	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
		7-24-25				

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