

Euthanasia Checklist

Custody verified (Initials) [redacted]

"Dangboj" [redacted]

Euthanasia Date 7-21-25 ID # 41220

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

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

Determination of Death

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

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

<b>City of Danville</b> Animal Control Officer / Public Animal Shelter	<b>ANIMAL CUSTODY RECORD</b>
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ANIMAL ID	41220	CUSTODY DATE MM/DD/YY	7/13/25	TIME	10:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
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<b>REASON FOR CUSTODY (mark appropriate box)</b>				<b>LOCATION WHERE CUSTODY WAS TAKEN</b> 	
<input type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine		
<input type="checkbox"/> Transfer from Another Releasing Agency Name:		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input checked="" type="checkbox"/> Other: <i>Impound</i>		

<b>OWNER'S NAME &amp; ADDRESS (if known)</b> 	<b>ADDITIONAL INFORMATION</b> 
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ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female    Altered: Y N Unk Approximate AGE: <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: <i>30</i> <input checked="" type="checkbox"/> LB OTHER:
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	<i>pit mix</i>	<i>Blindle</i>	

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)
<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>	Scan: <i>7-13-25</i> Scan: <i>7-15-25</i> <i>none</i>

CUSTODY RECORD PREPARED BY	
Signature: 	DATE: (MM/DD/YY) <i>7/13/25</i>

**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: <i>Euth</i>	HOLDING PERIOD EXPIRES ON (Date): <i>7-24-25</i>
DATE: (MM/DD/YY) <i>7-24-25</i>	FINAL MICROCHIP SCAN PERFORMED BY (Initial):

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
		<i>7-27-25</i>				

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