

Euthanasia Checklist

Custody verified (Initials) _____

Euthanasia Date 7-24-25 ID # 41221

Sedative: Acepromazine (Initials) _____ # of tablets 4
Oral (strength 10 mg) _____ ml Route: IM
Inj. 10mg/ml _____ ml Route: _____

Sodium Pen (Fatal Plus) Initials _____ IP
4 ml Route: IV 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

41221

CUSTODY DATE
MM/DD/YY

7/13/25

TIME

10:00

AM
 PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

Stray / At Large Owner Surrender Seized Bite Case Quarantine

[REDACTED]

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

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			Approximate AGE: 2	<input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input checked="" type="checkbox"/> Canine	Pit mix	Grey/Brindle	Approximate WEIGHT: 30	<input checked="" type="checkbox"/> LB
<input 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)
<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>	Scan: <i>n</i> 7.13.25 Scan 7-15-25 NONE

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: Euth

HOLDING PERIOD EXPIRES ON (Date): 7.22.25

DATE: (MM/DD/YY)

7.24.25

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
		7.24.25				

Did you contact another shelter?

Why did they decline to accept?