

Euthanasia Checklist

Custody verified (Initials) [Redacted]

Euthanasia Date 2-24-25 ID # 41222

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

Dang Dang

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 corneal 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 corneal reflex (Initials) [Redacted]
- Lack of toe-pinch reflex (Initials) [Redacted]
- Lack of capillary refill (Initials) [Redacted]

City of Danville Animal Control Officer / Public Animal Shelter			ANIMAL CUSTODY RECORD			
ANIMAL ID	41222	CUSTODY DATE MM/DD/YY	7/13/25	TIME	10:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
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
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia		<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
				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	Short Bronze	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)		
				Scan: 7-1225 Scan: 7-10-25		
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						
DATE: (MM/DD/YY)				HOLDING PERIOD EXPIRES ON (Date):		
7-24-25				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?