

Euthanasia Checklist

Euthanasia Date 8/3/25 ID # 41210

Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]

Oral (strength        mg) # of tablets       

Inj. 10mg/ml .40 ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted]

2 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)       

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)

City of Danville Animal Control Officer / Public Animal Shelter				ANIMAL CUSTODY RECORD			
ANIMAL ID	41230	CUSTODY DATE MM/DD/YY	7-15-25	TIME	900	AM PM	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN		
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine		Shelf		
<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			
				Cedarbrook			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk			
<input type="checkbox"/> Feline	Lash	Tan	Approximate AGE: 12 wks <input type="checkbox"/> YR <input type="checkbox"/> MO				
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 5' <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)			
non	non	non	non	Scan: 7-15-25 Scan: 8725 no red dot			
CUSTODY RECORD PREPARED BY							
Signature: 				DATE: (MM/DD/YY)			
				07/15/2025			
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)		FINAL MICROCHIP SCAN PERFORMED BY (Initial): 					
8-13-25							
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	
		8/13/25					

Did you contact another shelter?

Why did they decline to accept?