

Euthanasia Checklist

Euthanasia Date 7-30-25 ID # 41234 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]
Oral (strength mg) # of tablets
Inj. 10mg/ml 2.50 ml Route: IM

50#

Sodium Pen (Fatal Plus) Initials [redacted]
4 ml Route: X 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) [redacted]

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) [redacted]

Documented by: [redacted]

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41234

CUSTODY DATE
MM/DD/YY

7-15-25

TIME

2:15

AM
PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

Stray / At Large Owner Surrender Seized Bite Case Quarantine

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

DAA S

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



CAN'T Afford

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

Pit

TRI

Approximate AGE: 2 YR MO

Approximate WEIGHT: 30 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)

None

None

None

None

Scan: 7-15-25
Scan: 7-16-25
not det'

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

7-15-25

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

HOLDING PERIOD EXPIRES ON (Date): 7-16-25

DATE: (MM/DD/YY) 7-30-25

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

7-30-25
X

Did you contact another shelter?

Why did they decline to accept?