

Euthanasia Checklist

Custody verified (Initials) [redacted]

Euthanasia Date 7-18-25 ID # 41237

Sedative: Acepromazine (Initials) [redacted] # of tablets _____ mg) Route: IM

Oral (strength _____ ml Inj. 10mg/ml .60 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) _____
- Lack of heartbeat-palpitation (Initials) _____
- Lack of respiration-stethoscope (Initials) _____
- Lack of respiration-palpitation (Initials) _____
- Lack of respiration-visual (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 [redacted]
- 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 respiration-visual (Initials) _____
- Lack of corneal reflex (Initials) _____
- Lack of toe-pinch reflex (Initials) _____
- Lack of capillary refill (Initials) _____

Entered: Y N Unk

Approximate AGE: _____ YR MO

Approximate WEIGHT: 12 LB

MINNEN Brown

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41237

CUSTODY DATE
MM/DD/YY

7-15-25

TIME

4:30

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

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Can't have Animal what she lives Bluey

ANIMAL DESCRIPTION

| SPECIES | BREED | COLOR / MARKINGS | SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | Altered: Y N Unk |
|---|---------|------------------|---|---|
| <input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/> | Min Pen | Brown Tan | Approximate AGE: 1 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO | Approximate WEIGHT: 12 <input checked="" type="checkbox"/> 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 7-17-25 None 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: Euth HOLDING PERIOD EXPIRES ON (Date): 7-16-25

DATE: (MM/DD/YY) 7-18-25 FINAL MICROCHIP SCAN PERFORMED BY (Initials)

| 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 |
|-------------------|---------|------------|-----------------|---|---|-------|
| | | 7-18-25 | | | | |

Did you contact another shelter? NO

Why did they decline to accept?