

Euthanasia Checklist

Euthanasia Date 7-20-25 ID # 41247 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted] # of tablets 40
Oral (strength 2.0 mg/ml Route: IM
Inj. 10mg/ml 2.0 ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted]
0 ml Route: IV IP

Determination of Death

5 minutes post injection

- Lack of heartbeats-stethoscope (Initials) [redacted]
- Lack of heartbeats-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

- Lack of heartbeats-stethoscope (Initials) [redacted]
- Lack of heartbeats-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: 41247 CUSTODY DATE: 7/17/25 TIME: 8:00 AM

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

[Redacted area]

ANIMAL DESCRIPTION

SPECIES: Feline Canine BREED: pitx COLOR / MARKINGS: tan SEX: Male Female Altered: Y N Unk
Approximate AGE: 7 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): none Rabies Tag (Number - Details): none Tattoo (Describe): none Collar (Describe - Color, Type, etc.): flea collar Microchip or Other Identification (Describe - Details): Scan: 711725, Scan: 7-18-25, none detected

CUSTODY RECORD PREPARED BY

Signature: [Redacted] DATE: (MM/DD/YY) 7/17/25

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: [Redacted]

DISPOSITION OF ANIMAL HOLDING PERIOD EXPIRES ON (Date): 7-29-25

DATE: (MM/DD/YY) 7-30-25 FINAL MICROCHIP SCAN PERFORMED BY (Initial): [Redacted]

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 ✓				

Did you contact another shelter? Why did they decline to accept?