

Euthanasia Checklist

Euthanasia Date 8-5-25 ID # 41268 Custody verified (Initials) [redacted]

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

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



Determination of Death

5 minutes post injection

Lack of heartbeat-stethoscope (Initials) [redacted]
Lack of heartbeat-palpitation (Initials) [redacted]
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 | 41268 | CUSTODY DATE MM/DD/YY | 7/19/25 | TIME | 4:48 | AM <input checked="" type="radio"/> 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 | | DAYS | |
| <input type="checkbox"/> Transfer from Another Releasing Agency | <input checked="" type="checkbox"/> Virginia | <input type="checkbox"/> Other: | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | ADDITIONAL INFORMATION | | | |
| | | | - from Valley St. | | | |
| ANIMAL DESCRIPTION | | | | | | |
| SPECIES | BREED | COLOR / MARKINGS | SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Altered: Y N Unk | | |
| <input type="checkbox"/> Feline | Chix | black / wht | Approximate AGE: 6-7 | | <input checked="" 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) | | |
| none | none | none | blue | Scan: 7/19/25 Scan 2-20-25 none detected | | |
| CUSTODY RECORD PREPARED BY | | | | | | |
| Signature: | | | DATE: (MM/DD/YY) | | | |
|  | | | 7/19/25 | | | |
| 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): | | | | 7-31-25 | | |
| DATE: (MM/DD/YY) | | FINAL MICROCHIP SCAN PERFORMED BY (Initial) | | | | |
| 8-5-25 | |  | | | | |
| 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 |
| | | 8-5-25 | | | | |

Did you contact another shelter?

Why did they decline to accept?