

# Euthanasia Checklist

Euthanasia Date 6-25 ID # 4,292

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	41292	CUSTODY DATE MM/DD/YY	7/22/25	TIME	1:30	AM PM	
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN			
<input type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine				
<input type="checkbox"/> Transfer from Another Releasing Agency	<input type="checkbox"/> Virginia	<input checked="" type="checkbox"/> Other: impound					
Name:	<input type="checkbox"/> Out-of-State						
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION				
unknown							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk			
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Pit Mix	brn / blk	Approximate AGE: 2	<input type="checkbox"/> YR <input checked="" type="checkbox"/> MO			
			Approximate WEIGHT: 7	<input checked="" type="checkbox"/> LBS			
			OTHER: NONE				
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: 7-20-25 Scan: NONE 7-30-25			
CUSTODY RECORD PREPARED BY							
Signature:			DATE: (MM/DD/YY) 7/22/25				
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 <i>Euth</i> HOLDING PERIOD EXPIRES ON (Date): 7-28-25							
DATE: (MM/DD/YY)		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	
		8-5-25					

Did you contact another shelter?

Why did they decline to accept?