

Euthanasia Checklist

Euthanasia Date 7-23-25 ID # 41295 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted] # of tablets 10
Oral (strength) mg ml Route: IM
Inj. 10mg/ml .50 ml Route: IM

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

Determination of Death

- 5 minutes post injection LC
- Lack of heartbeat-stethoscope (Initials) LC
- Lack of heartbeat-palpitation (Initials) LC
- Lack of respiration-stethoscope (Initials) LC
- Lack of respiration-palpitation (Initials) LC
- Lack of respiration-visual (Initials) LC
- Lack of respiration-reflex (Initials) LC
- Lack of toe-pinch reflex (Initials) LC
- Lack of capillary refill (Initials) LC

- 30 minutes post injection [redacted]
- Lack of heartbeat-stethoscope (Initials) [redacted]
- Lack of heartbeat-palpitation (Initials) [redacted]
- Lack of respiration-stethoscope (Initials) [redacted]
- Lack of respiration-palpitation (Initials) [redacted]
- Lack of respiration-visual (Initials) [redacted]
- Lack of respiration-reflex (Initials) [redacted]
- Lack of toe-pinch reflex (Initials) [redacted]
- Lack of capillary refill (Initials) [redacted]

21112

City of Danville Animal Control Officer / Public Animal Shelter				ANIMAL CUSTODY RECORD			
ANIMAL ID	41295	CUSTODY DATE MM/DD/YY	7/22/25	TIME	3:17	AM <input checked="" type="checkbox"/> PM	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN		
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine		1326 W main st		
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia		<input type="checkbox"/> Other:			
Name:		<input type="checkbox"/> Out-of-State					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
				* Blind & not eating for owner "Olivia wiggles"			
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"/>	Shi zu Yorkie mix	Blk	Approximate AGE: 12	<input checked="" type="checkbox"/> YR <input type="checkbox"/> MO			
			Approximate WEIGHT: 8	<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)			
				Scan: 7-22-25 Scan: 7-23-25 none			
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, follow adoption procedures.							
DISPOSITION OF ANIMAL				HOLDING PERIOD EXPIRES ON (Date): 7-23-25			
DATE: (MM/DD/YY)		7-23-25		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
		7-23-25					

Did you contact another shelter?

Why did they decline to accept?