

Euthanasia Checklist

Euthanasia Date 2-1-28 ID # 4, 298 Custody verified (Initials) [redacted]

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

Sodium Pen (Fatal Plus) Initials [redacted] 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: 41298 CUSTODY DATE: 7-22-25 TIME: 4:34 AM PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large
 Owner Surrender
 Seized
 Bite Case Quarantine

Transfer from Another Releasing Agency
 Virginia
 Other:

Name: _____ Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN
D.A.H.S.

OWNER'S NAME & ADDRESS (if known) _____

ADDITIONAL INFORMATION
moving Can't keep

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y <input type="checkbox"/> N <input type="checkbox"/> Unk
<input type="checkbox"/> Feline	<u>Husky/Pit</u>	<u>Brown/white</u>	Approximate AGE: <u>3</u> <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO	
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: <u>5#</u> <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)
<u>None</u>	<u>None</u>	<u>None</u>	<u>None</u>	Scan: <u>7-22-25</u> Scan: <u>7-23-25</u> <u>None Det</u>

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 to be adopted, I will follow adoption procedures.

SIGNATURE: _____

DISPOSITION OF ANIMAL Euth HOLDING PERIOD EXPIRES ON (Date): 7-23-25

DATE: (MM/DD/YY) 7-24-25 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
		<u>7-24-25</u>				

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