

Euthanasia Checklist

Custody verified (Initials) _____

Euthanasia Date 7-24-25 ID # 41301

Sedative: Acepromazine (Initials) _____
Oral (strength _____ mg) # of tablets _____

Inj. 10mg/ml 10 ml Route: IM

Sodium Pen (Fatal Plus) Initials _____
1 ml Route: IV IP

Determination of Death

- 5 minutes post injection _____
- Lack of heartbeat-stethoscope (Initials) _____
- 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) _____
- 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) _____

7/24/25

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41301 **CUSTODY DATE** MM/DD/YY 7-22-25 **TIME** 4:34 **AM** **PM**

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**

 Moving + Can't keep


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"/>	hucky pit	Brown	Approximate AGE: 3 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO Approximate WEIGHT: 5 <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)
None	None	None	None	Scan: 7-22-25 Scan: 7-23-25 None Det

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 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
		7-24-25				

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