

Euthanasia Checklist

Custody verified (Initials) \_\_\_\_\_

Euthanasia Date 7-24-25 ID # 41302

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

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

Determination of Death

- 5 minutes post injection \_\_\_\_\_
- Lack of heartbeats-stethoscope (Initials) \_\_\_\_\_
- Lack of heartbeats-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 heartbeats-stethoscope (Initials) \_\_\_\_\_
- Lack of heartbeats-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

41302

CUSTODY DATE  
MM/DD/YY

7-22-25

TIME

4:34

AM

PM

#### REASON FOR CUSTODY (mark appropriate box)

Stray / At Large  Owner Surrender  Seized  Bite Case Quarantine

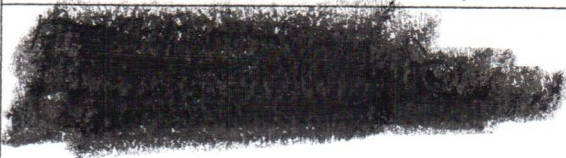
Transfer from Another Releasing Agency  Virginia  Other:  
Name:  Out-of-State

#### LOCATION WHERE CUSTODY WAS TAKEN

DAHS

#### 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 N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Husky bit	Light tan	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: 7-22-25-724-25 Scan 7-25-25 None Out

#### 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 the adoption procedures.

SIGNATURE:

#### DISPOSITION OF ANIMAL

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?