

Euthanasia Checklist

Euthanasia Date 2-23-25 ID # 41306 Custody verified (Initials) A

Sedative: Acepromazine (Initials) [redacted] # of tablets 14
Oral (strength 10 mg) # of tablets 14
Inj. 10mg/ml [redacted] ml Route: IM [redacted] Dangron

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

Determination of Death

- 5 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 corneal reflex (Initials) [redacted]
- Lack of toe-pinch reflex (Initials) [redacted]
- Lack of capillary refill (Initials) [redacted]

- 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 corneal reflex (Initials) [redacted]
- Lack of toe-pinch reflex (Initials) [redacted]
- Lack of capillary refill (Initials) [redacted]

1 1 17 12 25

City of Danville Animal Control Officer / Public Animal Shelter			ANIMAL CUSTODY RECORD		
ANIMAL ID	41304	CUSTODY DATE MM/DD/YY	7-23-25	TIME	2:15 <input checked="" type="radio"/> AM <input type="radio"/> 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	DASH	
<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		
[REDACTED]			She killed dog, chicken-cats puppies		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk	
<input type="checkbox"/> Feline	Boxer pit	white Brown	Approximate AGE:	8	<input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT:	40	<input checked="" type="checkbox"/> LB <input type="checkbox"/> "
<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)	
None	None	None	None	Scan: 7-23-25 Scan: 7-24-25 Not Dual	
CUSTODY RECORD PREPARED BY					
Signature: [REDACTED]			DATE: (MM/DD/YY) 7-23-25		
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: [REDACTED]					
DISPOSITION OF ANIMAL: Euth HOLDING PERIOD EXPIRES ON DATE: 7-24-25					
DATE: (MM/DD/YY)		FINAL MICROCHIP SCAN PERFORMED BY (Initial):			
7-24-25		AV			
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)
		7-24-25			

Did you contact another shelter? *yes* Why did they decline to accept? *Refuse to take him*
Pot Center May Refuse to Euth in Danville