

# Euthanasia Checklist

Euthanasia Date 8/3/25 ID # 41318

Custody verified (Initials) [Redacted]

Sedative: Acepromazine (Initials) [Redacted]  
Oral (strength        mg) # of tablets         
Inj. 10mg/ml 1.25 ml Route: IM

Sodium Pen (Fatal Plus) Initials [Redacted]  
6 ml 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

41318

CUSTODY DATE  
MM/DD/YY

07-24-25

TIME

830 AM

PM

REASON FOR CUSTODY (mark appropriate box)

- Stray / At Large    Owner Surrender    Seized    Bite Case Quarantine

LOCATION WHERE CUSTODY WAS TAKEN

DAHS

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

OWNER'S NAME & ADDRESS (if known)

unknown

ADDITIONAL INFORMATION


Ranger

## ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	belg mal	Tan	Approximate AGE: 3	<input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
			Approximate WEIGHT: 15	<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)
NO	NO	NO	olive green	Scan: 7-24-25 Scan: 7-25-25 NONE

CUSTODY RECORD PREPARED BY  
Signature:   
DATE: (MM/DD/YY) 7-24-25

## 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): 8-4-25

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
		8-13-25				

Did you contact another shelter?

Why did they decline to accept?