

Euthanasia Checklist

Euthanasia Date 7-28-25 ID # 41329

Custody verified (Initials) 

Sedative: Acepromazine (Initials) 

Oral (strength mg) # of tablets
Inj. 10mg/ml 1.0 ml Route: IM


tested POS PARUC

Sodium Pen (Fatal Plus) Initials 


5 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)

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41329

CUSTODY DATE
MM/DD/YY

7-26-25

TIME

1:00

AM
PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

Stray / At Large Owner Surrender Seized Bite Case Quarantine

DAS

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

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

[Redacted]

Tested
Parvo Positive

ANIMAL DESCRIPTION

SPECIES: Feline Canine
BREED: Labs
COLOR / MARKINGS: Black
SEX: Male Female Altered: Y N Unk
Approximate AGE: 18 wks YR MO
Approximate WEIGHT: 20# 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: 7-26-25 Scan: 7-27-25 none

CUSTODY RECORD PREPARED BY

Signature: [Redacted] DATE: (MM/DD/YY)

7-26-25

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

HOLDING PERIOD EXPIRES ON (Date): 7-27-25

DATE: (MM/DD/YY) 7-28-25 FINAL MICROCHIP SCAN PERFORMED BY (Initial): [Redacted]

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
		7-28-25				

Did you contact another shelter? NO

Why did they decline to accept?