

Euthanasia Checklist

Euthanasia Date 7-28-25 ID # 41330 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]  
Oral (strength        mg) # of tablets         
Inj. 10mg/ml 1.0 ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted]  
5 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) [redacted]

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) [redacted]

**City of Danville**  
**Animal Control Officer / Public Animal Shelter**

**ANIMAL CUSTODY RECORD**

**ANIMAL ID** 41330      **CUSTODY DATE** MM/DD/YY 7-26-25      **TIME** 1:00 **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

DAS

**LOCATION WHERE CUSTODY WAS TAKEN**

**OWNER'S NAME & ADDRESS (if known)** \_\_\_\_\_

**ADDITIONAL INFORMATION:**  
 tested Parvo positive

**ANIMAL DESCRIPTION**

<b>SPECIES</b>	<b>BREED</b>	<b>COLOR / MARKINGS</b>	<b>SEX:</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <b>Altered:</b> Y <u>N</u> <u>Unk</u>
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Labs	Black	<b>Approximate AGE:</b> 18 wks <input type="checkbox"/> YR <input type="checkbox"/> MO
			<b>Approximate WEIGHT:</b> 15 <input checked="" type="checkbox"/> LB    "
<b>OTHER:</b>			

**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: \_\_\_\_\_      **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:** \_\_\_\_\_

**DISPOSITION OF ANIMAL**      **HOLDING PERIOD EXPIRES ON (Date):** 7-27-25

**DATE:** (MM/DD/YY) 7-28-25      **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
		7-28-25				

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