

Euthanasia Checklist

Euthanasia Date 8-8-25 ID # 41342

Custody verified (Initials) [Redacted]

Sedative: Acepromazine (Initials) [Redacted]

Oral (strength          mg) # of tablets         

Inj. 10mg/ml 3.10 ml Route: IM

62 #

Sodium Pen (Fatal Plus) Initials [Redacted]

9 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	41342	CUSTODY DATE MM/DD/YY	7-28-25	TIME	800	AM PM
-----------	-------	-----------------------	---------	------	-----	----------

REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray/At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAYS	
<input type="checkbox"/> Transfer from Another Releasing Agency Name:		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other:		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION

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"/>	Shep	Blk/W	Approximate AGE: 2 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 60 <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)
W	W	W	W	Scan: 7-2825 Scan: 7-2825 non den

CUSTODY RECORD PREPARED BY	
Signature: 	DATE: (MM/DD/YY) 7-28-25

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
----------------------------	------------------------------------------

DATE: (MM/DD/YY) 8-8-25	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
		8-8-25				

Did you contact another shelter?

Why did they decline to accept?