

Euthanasia Checklist

Euthanasia Date 8-5-25 ID # 41343

Custody verified (Initials) [Redacted]

Sedative: Acepromazine (Initials) [Redacted]

Oral (strength mg) # of tablets

Inj. 10mg/ml 2.50 ml Route: IM

50#
Parvo
+

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) [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
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ANIMAL ID	41343	CUSTODY DATE MM/DD/YY	7-28-25	TIME	800	<input type="radio"/> AM <input checked="" type="radio"/> PM
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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	DASH		
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia				
Name:		<input type="checkbox"/> Out-of-State				

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

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk	
<input type="checkbox"/> Feline	Labr	whr Mc 6300	Approximate AGE: 8 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO		
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 30 <input checked="" type="checkbox"/> LB		
<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)
n	n	m	n	Scan: 7-28-25 Scan: 7-30-25 nmd

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

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) 8-5-25	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
		8-5-25				

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