

Euthanasia Checklist

Euthanasia Date 8-5-25 ID # 41345

Custody verified (Initials) [Redacted]

Sedative: Acepromazine (Initials) [Redacted]

Oral (strength mg) # of tablets
Inj. 10mg/ml 1.50 ml Route: IM

Sodium Pen (Fatal Plus) Initials [Redacted]

4 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: 41345 CUSTODY DATE: 07-29-05 TIME: 645 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

DARKS

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

unknown flea allergy? / skin issue

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y N <input checked="" type="radio"/> Unk
<input type="checkbox"/> Feline	<u>Pitx</u>	<u>white & merle</u>	Approximate AGE: <u>5</u> <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: <u>30</u> <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)
<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	Scan: <u>NO 7-29-05</u> Scan: <u>7-30-05</u>

CUSTODY RECORD PREPARED BY

Signature: _____ DATE: (MM/DD/YY) 07-29-05

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): 8-5-05

DATE: (MM/DD/YY) 8-5-05 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
		<u>8-5-05</u>				

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