

Euthanasia Checklist

Euthanasia Date 7-30-25 ID # 41347 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]
Oral (strength _____ mg) # of tablets _____
Inj. 10mg/ml 225 ml Route: IM 45#

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) [redacted]
Lack of respiration-stethoscope (Initials) [redacted]
Lack of respiration-palpitation (Initials) [redacted]
Lack of respiration-visual (Initials) [redacted]
Lack of corneal reflex (Initials) [redacted]
Lack of toe-pinch reflex (Initials) [redacted]
Lack of capillary refill (Initials) [redacted]

30 minutes post injection
Lack of heartbeat-stethoscope (Initials) [redacted]
Lack of heartbeat-palpitation (Initials) [redacted]
Lack of respiration-stethoscope (Initials) [redacted]
Lack of respiration-palpitation (Initials) [redacted]
Lack of respiration-visual (Initials) [redacted]
Lack of corneal reflex (Initials) [redacted]
Lack of toe-pinch reflex (Initials) [redacted]
Lack of capillary refill (Initials) [redacted]

[redacted] [redacted]

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41347 CUSTODY DATE: 7-29-25 TIME: 12:10 **PM**

REASON FOR CUSTODY (mark appropriate box) LOCATION WHERE CUSTODY WAS TAKEN

- Stray / At Large
- Owner Surrender
- Seized
- Bite Case Quarantine
- Transfer from Another Releasing Agency
- Virginia
- Other:
- Name: _____
- Out-of-State

DATHS

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

[REDACTED]

Can't keep no longer

ANIMAL DESCRIPTION

SPECIES: Canine BREED: Pit COLOR / MARKINGS: Black & white SEX: Male Altered: Y N Unk
Approximate AGE: 1 1/2 YR Approximate WEIGHT: 45 LB

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: 7-29-25 Scan 73025 None Det. |

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] DATE: (MM/DD/YY) 7-29-25

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): 7-30-25

DATE: (MM/DD/YY) 7-30-25 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 |
|-------------------|---------|------------|-----------------|---|---|-------|
| | | X | | | | |

Did you contact another shelter?

Why did they decline to accept?