

Danville Area Humane Society — Virginia Board of Pharmacy Informal Conference

Complete Record: Proceedings + Decision (2026-06-24)

This combined document contains, in order: (1) the play-by-play summary of the hearing, (2) the board's decision/order summary, (3) the full cleaned hearing transcript, and (4) the decision transcript. All content is from ASR-transcribed audio; uncertain passages are bracketed.

Part 1 — Hearing: Play-by-Play Summary

Detailed Play-by-Play Summary

Event: Virginia Board of Pharmacy, Special Conference Committee — informal conference

Date recorded: 2026-06-24 · **Duration:** ~62.8 min (audio begins ~00:00:50; ends ~01:02:41)

Source: ASR-transcribed audio recording (noisy); see “Open questions / ASR limits” below.

TL;DR

- This was an **informal conference** of the Virginia Board of Pharmacy's **Special Conference Committee** — not a formal hearing — to review **allegations against the Danville Area Humane Society (DAHS)** over its handling, dosing, and recordkeeping of euthanasia and pre-euthanasia (sedative) drugs.
- **Subject drugs:** the controlled substance **sodium pentobarbital (“Fatal Plus”)** used for euthanasia, and a **sedative** (acepromazine, in tablet and liquid forms) used beforehand.
- **Allegation themes:** (1) inadequate **sedative documentation**; (2) **euthanasia dosing/route** not matching the supervising vet's protocol (esp. small cats apparently dosed far above the per-pound IP protocol; IV vs. IP not differentiated in records); (3) a **staff euthanasia-certification gap** (2 of 3 staff missing the “demonstrated competency” checkbox, forms pp. 119–120); (4) a brief **DEA registration lapse** in August 2025; and (5) **inventory/logbook recordkeeping** weaknesses.
- **DAHS's posture: largely conceding.** They **acknowledged the allegations**, with the Shelter Manager and Executive Director **Paulette Dean** answering questions candidly and the attorney's closing explicitly stating “everything that has been alleged should be acknowledged.”
- **Remediation already implemented:** a **new euthanasia checklist** (with weight and IV/IP fields), an **updated January 2025 protocol** (adding a secondary sedative and revised dosing), drug name/strength now recorded on the logbook cover, and **calendar reminders** (including for DEA renewal).

- **Context DAHS stressed:** it is an **open-admission shelter** (~1,800 euthanizations attributed to 2023, a figure spanning ~13 months and including animals referred by vets/animal control), with declining numbers projected for 2024–2025 as spay/neuter and transfer programs expand.
 - **The hearing ended in closed-session deliberation.** A board member moved (and the Chair seconded) to enter **closed session under Va. Code § 2.2-3711(A)(27)** to reach a decision; **a public comment attempt was declined. The board’s actual decision is NOT on the recording.**
-

Participants

Board / Committee side

- **Chair — Ling Yuan** (“Madam Chair”): opened the conference, explained the process, ran roll call, enforced the no-public-comment rule, and moved the committee into closed session.
- **Committee Members (pharmacists)** — at least two-to-three distinct questioning voices conducting the detailed clinical/recordkeeping examination (sedative liquid vs. tablet, protocol concentration mg/mL, IV vs. IP dosing, monitoring intervals, inventory). **Not individually named on the record.**
- **Ellen Shinaberry** — Deputy Executive Director, Board of Pharmacy (staff); walked through the allegation-summary worksheet process.
- **Rebecca Ribley** — Education Specialist, Administrative Proceedings Division (staff).
- **Mykl Egan** — Discipline Case Manager (staff); read the emergency evacuation procedure.
- **Ms. Richards-Spruill** — board member; **moved** to convene the closed session.

Respondent side (DAHS)

- **Paulette Dean** — Executive Director, DAHS; answered on certification, staffing, protocol-change rationale, inventory, DEA renewal, and euthanasia volume.
- **April Hogan** — DAHS Shelter Manager; answered the day-to-day recordkeeping and drug-handling questions (cage cards, notebook/logbook, sedative form, dosing records).
- **Jeremy Swindlehurst** — attorney for DAHS; delivered the closing statement acknowledging the allegations.
- A **member of the public** attempted to ask a question near the end (declined).

Attribution note: because the diarizer reset and merged speaker labels every 10 minutes, individual committee-member voices could not be reliably separated and are labeled “Committee Member.” On the DAHS side, operational answers are attributed to the Shelter Manager and policy/leadership answers to Paulette Dean based on content; a few mid-recording inventory answers could plausibly belong to either.

Chronological Play-by-Play

(a) Call to order / process / roll call — ~00:00:50–00:04:13

- The Chair noted masking was optional, then asked **Mykl Egan** to **read the emergency evacuation procedure** (~00:01:02; partly garbled in the ASR).
- **Chair Ling Yuan** introduced herself and explained the **informal-conference framework**: the committee reviews the allegations in the notice of informal conference; if violations of the laws/regulations are found, an order may be entered; the matter may alternatively be **referred for a formal hearing**; if no violation is found, the matter is closed (~00:01:25).
- **Roll call** (~00:02:18–00:03:18): Ellen Shinaberry (Deputy Exec. Dir.), Mykl Egan (Discipline Case Manager), and Rebecca Ribley (Education Specialist) identified themselves for the board. For DAHS: Shelter Manager **April Hogan, Paulette Dean** (Executive Director), and attorney **Jeremy Swindlehurst**, who spelled his name (“S-W-I-N-D-L-E-H-U-R-S-T ... admittedly a terrible name for a lawyer”).
- The Chair confirmed an **additional evidence packet** had been provided and asked whether DAHS wanted any further evidence considered (~00:03:36).
- **Ellen Shinaberry** introduced the **allegation summary worksheet** as the organizing structure and began **Allegation 1, item A**, which DAHS **acknowledged** (~00:04:13).

(b) Allegation 1 — Sedative documentation — ~00:05:19–00:19:13

- DAHS said it had **started using a new form** for the sedative and the euthanasia drug, and now records the **drug name and strength on the front of the logbook** (~00:05:25).
- A committee member asked where the **checklist form** is kept; the Shelter Manager said it is **stapled with the intakes and cage cards** (~00:07:48).
- **Where the sedative was documented**: the facility recorded sedative administration on **cage cards**, after first keeping **notes** that were transferred onto the cage cards so “everything would be in one place” (~00:08:31–00:08:52).
- The **notebook beginning on page 23** of the evidence (day, animal type, weight, amount given — e.g., “ninety” or “nine cc’s”) was clarified to document **Fatal Plus (euthanasia)**, not the sedative (~00:08:53–00:09:44). The committee probed the distinction between the sedative records (cage cards) and the euthanasia notebook.
- **Tablet vs. liquid sedative (key exchange)**: Asked what sedative was used in 2022–2023, the Shelter Manager said **liquid**. But the committee noted **all 2023 invoices were for 10 mg tablets only**, and asked whether there was a period relying solely on tablets. The Manager said tablets came **first**, then liquid, and that they’d used the liquid for “**probably two, two and a half years**” (~00:10:39–00:11:53).
- **Protocol mismatch (p. 91)**: The committee read the **supervising veterinarian’s protocol dated January 25, 2020**: for cats, the sedative should be **concentration 10 mg/mL** at a dosage of **0.25 mg per pound**, route **oral**. The committee pressed that a “mg/mL” concentration implies a **liquid**, and the **protocol gave no allowance or dosage for tablets** (~00:12:15–00:13:52). The Manager noted there’s “a corrected one” in the updated protocol, but the committee emphasized that **in 2022–2023 the 2020 protocol was the one in force**.

- The committee observed invoices showed the facility purchased **acepromazine (sp?) tablets** (“aseptic machine tablets” in the ASR) from ~**February 2022**, and asked how tablet vs. liquid effects differ. The Manager said **tablets take about 30 minutes longer** to take effect, and that staff **would just wait the extra time** rather than use liquid (~00:13:57–00:15:55).
- **Records handling:** soft (scanned) copies are saved with the intake and card; the **secretary scans them into the computer**; cage cards carry **initials of the person who administered and monitored** the drug, with at least three places to record; sometimes a **different person monitors** than administers; records are kept **at least five years** (~00:16:47–00:18:26).
- DAHS stated the **new dosage chart** is now the only one used (~00:19:02).

(c) Euthanasia dosing — route, per-pound dosing, over-dosing, monitoring — ~00:19:57–00:30:01

- **Additional dosing when the first dose is insufficient:** if the animal “weren’t completely gone,” staff were “allowed to give more than the protocol” (~00:20:00).
- **Monitoring interval:** initial discussion of ~**ten minutes** to decide if more is needed; the committee asked if monitoring is **every five minutes**; the Manager indicated the **total monitoring window is thirty minutes** (~00:20:28–00:20:59).
- The committee asked whether **weight** could be added to the euthanasia checklist “because everything is weight-based”; DAHS said “**No, but we can**” (~00:21:00–00:21:31).
- **Vet authorization for additional doses:** because additional dosing is in the **supervising vet’s protocol**, the committee confirmed staff **check with the veterinarian**, who **makes the determination** of how much additional drug to give; staff “can usually call her and get in touch with her” (~00:21:31–00:23:37).
- **IV vs. IP route (key issue):** the committee read the protocol — for cats, **IV should be used rarely** (only if older than six months and calm), and **IP should be used on most cats and kittens**. Records starting at **page 23 did not differentiate IV vs. IP**. The Manager admitted: “**I didn’t know we had to put that in there**” (~00:24:19–00:25:18).
- **Dose differs by route:** the committee stated the **IV dosage for cats is ~1 mL per 10 lb**, while the **IP dosage is ~3 mL per 10 lb** (“per ten pounds” — the ASR garbles this as “per ten thousand,” but it is corrected by the page-33 example and the scale discussion). Staff were said to be aware of this at the time (~00:25:34–00:25:56).
- **Apparent over-dosing of small cats (central finding):** on a record around **page 33**, a **two-pound cat on January 9, 2023** received **30 cc / 3 mL** of sodium pentobarbital — i.e., the **IP dose for a ten-pound cat given to a two-to-three-pound cat**. The committee noted a **six-pound cat and another two-pound cat got the same amount**, and asked if small cats typically don’t need less. The Manager: “**Sometimes.**” When pressed, the Manager speculated the animal may not have passed away so more was given, but the records don’t show that (~00:28:07–00:30:01).
- DAHS confirmed a **scale is readily available** to weigh animals (~00:28:00–00:28:07).

(d) Staff euthanasia-certification gap (pp. 119–120) — ~00:30:30–00:39:49

- **Paulette Dean** explained the **certification gap**: they had **believed three employees were certified, but two lacked the “demonstrated competency” checkbox**. One staffer has been certified for many years; Dean has had staff **retake euthanasia certification** and has used the **state’s shelter assessment tool** (~00:30:30–00:33:02).
- Asked about **preventive processes**, Dean said DAHS is **very careful about who is certified**; new staff must be employed a **certain amount of time** first; and she **personally monitors staff mental health and ability** (~00:33:33).
- **Certification pathway** (Dean, ~00:34:24): new staff are told they **will not be required to perform euthanasia**; after a period they may ask to be considered; DAHS checks the **state agency website (VDACS (sp?), ASR “VDEX”)** for training dates; sends them to the **certification class**; they then **observe euthanasia and practice drawing sodium pentobarbital into the syringe**; and if they handle animals well, they’re sent to the **supervising veterinarian (Dr. Laura Dover Luffman)** for hands-on training. The vet has, in the past, declined to pass employees deemed unable to handle it.
- **No formal checklist**: asked if a checklist documents that all steps are met before a new staffer begins euthanasia, Dean said **“I don’t have formal checklists, no”** (~00:36:56–00:37:23). She does keep certification copies on her desk and checks them when staff return from the vet.
- **No formal annual review**: asked whether the **annual performance review** lets staff request refresher training, Dean said there **isn’t a formal annual review**, but she speaks with staff and the shelter manager constantly (~00:37:42–00:38:05).
- **The two incomplete forms (pp. 119–120)**: asked whether the **missing “demonstrated competency” checkbox** was an intentional call by the supervising veterinarian, **Dr. Laura Dover Luffman**, that the staff were not competent, Dean said **no** — the vet was “as upset as I was” and was **willing to check the box** (~00:38:30–00:38:45).
- The committee suggested the **annual performance review would be a good time to verify certification**; Dean agreed: **“That’s a wonderful idea, yes, that can happen”** (~00:39:29–00:39:49).

(e) Inventory / bottle-log recordkeeping — ~00:40:25–00:48:35 and ~00:54:16–00:56:00

- DAHS uses **calendars for a yearly inspection** of everything; expired/unusable stock is being addressed (“we need to fix right now what we have left”) (~00:40:25).
- The controlled-substance record is a **paper document** kept in the **drug room** (cover/inside). DAHS keeps **controlled-substance records separate** from other records, in separate folders (~00:42:27–00:45:11).
- **Inventory mechanics**: an **annual inventory** records amounts (e.g., “250 mL in a bottle, then a half bottle”). **All bottles are numbered**; when a new bottle is started, it’s **written down** and logged. The **euthanasia logbook** tracks the one drug (~00:45:12–00:47:20).
- **Logbook gaps**: the logbook **does not include the medication name** (it’s understood to be one drug), and **does not indicate IV vs. IP** — it records **date, animal weight, and initials**. The committee noted the **new checklist has an IV/IP field** and suggested adding the same to the logbook (~00:47:52–00:48:35).

- Later, clarifying which medication a page covered, Dean identified it as **sodium pentobarbital** (“sodium ... propanol” in ASR), shown on the front cover and inside (~00:54:16–00:54:35).
- On **reconciliation**, the committee probed how anyone could tell **how many bottles remain** — whether there’s a running balance. Dean said she **reconciles at the annual inventory** against what they had. (This exchange is heavily ASR-garbled around 00:55:48–00:56:00.)

(f) DEA number lapse / renewal (August 2025) — ~00:49:04–00:51:00

- Records showed **Fatal Plus logged under the “old DEA number” on Aug 1, 2025** and the **same entry under a “new DEA number” on Aug 6, 2025**. The committee asked what happened (~00:49:04).
- Dean explained the **old DEA number expired**, so they had to **apply for a new one**. When she called, she was told the registration was **expired that day**, and the agency said they would **re-issue a new number**, which was **done within a day**. “**During that time, nothing was used.**” (~00:49:32–00:50:17.)
- The committee confirmed there was **effectively no day with an active expired number in use**, and **nothing was administered** during the gap, then asked about **prevention**. Dean said the renewal is **on the calendar** and she would add it to her own calendar as well (~00:50:21–00:51:00).

(g) Protocol changes (Jan 2, 2025) — ~00:51:02–00:53:01

- The committee noted the **new protocol dated January 2, 2025** differs from the **2020 protocol**: the **primary sedative** was acepromazine (sp?), **a secondary sedative has now been added**, and dosing changed (e.g., the **cat IV dosage increased by ~1 mL**). They asked who requested the changes and why (~00:51:02).
- **Dean** said she **reached out to several other shelters** for copies of their paperwork and **discussed it at length** before the supervising veterinarian updated the protocol (~00:51:59–00:53:01). (The committee’s read-back of specific dosage figures here is largely ASR-garbled.)

(h) Euthanasia volume / open-admission context — ~00:53:48–00:59:19

- DAHS **admitted** the relevant allegation and reiterated the **calendar-reminder remediation** (~00:53:54).
- On the **~1,800 animals euthanized “in 2023”**: the committee pointed out some records **spilled into January 2024** (e.g., page 98), so the figure spans **more than thirteen months**, and asked whether that is the average and the trend (~00:56:52).
- **Dean’s explanation** (~00:57:28): DAHS is an **open-admission shelter** that **does not turn animals away**; **veterinarians refer clients** who can’t afford euthanasia; numbers also include animals **picked up by animal control**. As a **public shelter**, DAHS must account for all of it. She acknowledged the numbers “look awful” but said the **story behind them** is not visible in the raw count, and cited **post-pandemic pressures**.
- **Trend**: with **expanded spay/neuter and transfer programs in 2024–2025**, Dean said numbers **declined in 2024** and she expects a **further decline in 2025** (~00:58:53–00:59:19).

(i) Attorney’s closing statement — ~00:59:47–01:00:49

- **Jeremy Swindlehurst** stated “**everything that has been alleged should be acknowledged,**” thanked the board, and said the committee’s questions **pinpointed areas needing better tracking** (dosage amounts and dosage times).
- He noted he saw “**a lot of the dosages in multiples of three,**” signaling that is something to refine, framed euthanasia/anesthesia as an important part of the shelter’s mission, called the use of regulated controlled substances “**a privilege,**” said DAHS **appreciates the oversight** (and even concerned citizens), and committed to **making the changes** (“I thank you for requiring [them]”).

(j) Public comment refused — ~01:00:54–01:01:55

- The **Chair** noted a **raised hand in the back** and clarified the committee **cannot take questions from the public.**
- A **member of the public** said it was a **general question for the board**, not about the case, and argued it would be “**pertinent ... to what’s going on.**”
- The **Chair declined**, explaining the **informal-conference structure does not allow public comment**, and suggested directing **written comments to the board** (Mr. Egan could supply the email address).

(k) Motion to enter closed session — ~01:01:55–01:02:41

- The Chair asked **Ms. Richards-Spruill** to move the closed session.
 - **Ms. Richards-Spruill** moved that the Special Conference Committee **convene a closed meeting pursuant to Va. Code § 2.2-3711(A)(27)** “for the purpose of deliberation to reach a decision in the matter of [the Danville Area Humane] Society,” and that **Mykl Egan** (ASR “Eaton”), **Ileita Redd**, **Mary Ann (sp?)**, and **Ellen Shinaberry** (ASR “Sheinberg”) attend because their presence is necessary to aid deliberations.
 - The **Chair seconded**; the **motion carried**; the committee entered **closed session** and asked the respondents to wait at the main entrance to be called back.
 - **Recording ends here. The decision was made in closed session and is not on the recording.**
-

Key admissions / findings

- DAHS **acknowledged the allegations** across the board (Allegation 1 item A acknowledged early; attorney’s closing: “everything that has been alleged should be acknowledged”).
- **Sedative documentation:** sedative use was recorded on **cage cards** (and earlier in a **notebook** later transferred to cage cards), separate from the euthanasia notebook (p. 23+).
- **Tablet/liquid vs. protocol: 2023 invoices were for 10 mg tablets only**, yet the **2020 supervising-vet protocol specified a liquid (10 mg/mL, 0.25 mg/lb, oral)** with **no tablet dosage/allowance**; tablets were said to act **~30 minutes slower**, and staff **waited rather than switch to liquid.**
- **IV/IP not differentiated:** euthanasia records **did not mark IV vs. IP route**; Manager: “**I didn’t know we had to put that in there.**”

- **Apparent over-dosing of small cats:** a 2-lb cat received 3 mL (the ~10-lb IP dose); other small cats (2 lb, 6 lb) received the **same amount**; explanation was uncertain (“Sometimes”; possible incomplete euthanasia).
- **Additional doses** beyond protocol were given when the first dose was insufficient, with **supervising-vet authorization** the stated practice.
- **Certification gap:** of three staff believed certified, **two lacked the “demonstrated competency” checkbox** (forms pp. 119–120); the supervising vet (**Dr. Laura Dover Luffman**) had **not** intentionally withheld competency and was willing to check the box.
- **No formal checklist** for clearing a new euthanasia staffer, and **no formal annual review** verifying certification — the committee flagged the annual review as the natural checkpoint, and Dean agreed.
- **Logbook gaps:** the euthanasia logbook **omits the medication name and the IV/IP route**, recording only date, weight, and initials.
- **DEA lapse:** old DEA number **expired (≈Aug 1, 2025)**; new number issued **within ~1 day (≈Aug 6, 2025)**; DAHS asserts **nothing was used during the gap**.
- **Volume/context:** **~1,800 euthanizations attributed to 2023** (actually spanning ~13 months into Jan 2024); DAHS is an **open-admission public shelter** absorbing vet-referred and animal-control cases.

Remediation DAHS committed to (or already implemented)

- **New euthanasia checklist/form** that includes the **animal’s weight** and a **field for IV vs. IP** administration.
- **Updated supervising-vet protocol dated January 2, 2025** — adds a **secondary sedative** and revises dosing (e.g., cat IV dosage adjusted); informed by **outreach to several other shelters**.
- **Drug name and strength** now recorded on the **front of the logbook**.
- **Calendar reminders** for recurring obligations, **including DEA registration renewal** (Dean to add it to her personal calendar too).
- Stated openness to **adding the IV/IP field to the logbook** and **adding weight to the checklist** (“No, but we can”).
- Agreement to **verify euthanasia certification at the annual performance review** going forward.
- Ongoing **certification retakes**, use of the **state shelter-assessment tool**, and the Director’s **close monitoring** of staff readiness/mental health.
- **Expanded spay/neuter and transfer programs** to reduce euthanasia volume (declines reported for 2024, expected for 2025).

Open questions / what’s not on the record

- **The decision is not captured.** The recording ends as the committee votes into **closed session under Va. Code § 2.2-3711(A)(27)**. Whether the board entered an order (and any sanctions/conditions) or **referred the matter to a formal hearing** is **not on the recording**.

- **Committee members were not individually identified** beyond the Chair (Ling Yuan) and staff; the detailed clinical questions came from one-to-three unnamed pharmacist members.
- **DAHS Shelter Manager: April Hogan** (confirmed; her first name was garbled in the raw audio, which caught only “Hogan”).
- **Several names need verification: Ileita Redd; “Mary Ann”;** the state training agency rendered as “VDEX” is most likely **VDACS** (sp?). (Supervising vet confirmed as **Dr. Laura Dover Luffman.**)
- **The public’s general question** was never stated on the record (declined by the Chair).

Spots where ASR noise materially limited confidence

- **Sedative identity:** never cleanly stated; from invoices and context it is **acepromazine** (“aseptic machine”/“SSRI-zine” in ASR) in 10 mg tablet and liquid forms — high confidence from context, but the drug name itself is not clearly audible.
 - **Dose unit “per ten pounds”:** repeatedly garbled to “per ten thousand”; corrected via the page-33 example (2-lb cat, 3 mL) and the scale discussion.
 - **Inventory reconciliation exchange (~00:55:18–00:56:00):** heavily garbled — the mechanics of bottle-count reconciliation are only loosely recoverable.
 - **DEA renewal mechanics (~00:49:32):** the phrase about how the new number was obtained (“two of us very bad credits”) is garbled; the substance (expired same day, reissued within a day, nothing used) is clear.
 - **Protocol-change dosage figures (~00:52:31):** specific numbers read aloud are not recoverable.
 - **Evacuation procedure and parts of the Chair’s opening:** garbled but immaterial to the substance.
 - The recurring ASR token “**ship**” / “**eggs**” in a few passages is noise; reconstructions are marked in the clean transcript.
-

Part 2 — Board Decision / Order: Summary

Virginia Board of Pharmacy, Special Conference Committee

Date recorded: 2026-06-24

Duration: ~6.1 min (the committee reconvening in open session after closed-session deliberation)

Relationship to the main recording: This is the **outcome** of the hearing captured in the main transcript. The main recording ended as the committee voted into closed session; this recording is the committee **coming back out and reading its decision.**

TL;DR

- The committee **found violations and issued an order** against DAHS's controlled-substance registration/permit.
 - **Findings of fact adopted** (read by Mykl Egan): DAHS holds a Board controlled-substances registration (No. **0220-0001882** — verify) and **violated** the pharmacy-practice statutes/regulations by **failing to maintain euthanasia records** — specifically failing to **document the name and strength of the sedative** (acepromazine) given before euthanasia, in violation of **18 VAC 110-20-25(B)(6)**.
 - The committee noted **DAHS's remediation** on each allegation (new cards/forms, staff retrained, documentation updated, inventory reminders now on Dean's and Hogan's calendars, matters "being corrected").
 - **Sanction: a \$500 monetary penalty, plus one unannounced inspection within one year of entry of the order, at DAHS's own cost.** (A small additional cost figure was stated but is ASR-garbled — verify against the written order.)
 - Both motions (adopt findings; impose sanction) were **moved, seconded, and carried.**
 - **Process:** a certified copy of the order will be mailed in **~2–3 weeks**; it becomes a **final order 30 days after service** unless DAHS submits a **written request for a formal hearing** within 30 days — which would **vacate** this committee's decision.
-

Findings of fact (as read)

- **FoF 1:** On August 27, **1984 (sp? — verify the year)**, the Board issued controlled-substances registration **No. 0220-0001882 (verify)** to Danville Area Humane Society, to operate as a humane society.
- **FoF 2:** DAHS violated **Va. Code §§ 54.1-3316(1),(2),(6),(7)** and **§ 54.1-3423(E)** and **18 VAC 110-20-25** — the facility **failed to maintain euthanasia records as required**. The supervising veterinarian's (**Dr. Laura Dover Luffman**) protocol directed sedation with **acepromazine** before euthanasia, and DAHS **failed to document the name and strength of the sedative** in the euthanasia logs, violating **18 VAC 110-20-25(B)(6)**.

(Statute/regulation citations and the registration number are ASR-transcribed and should be confirmed against the written order.)

Disposition of the allegations (as read)

- **Sedative documentation:** noted that the information was not originally recorded, but DAHS has **since created a card** to capture the relevant information.
- **Allegation B:** adopted **as written**, with the addition that **Ms. Hogan** told the committee the documentation did not contain the information but **the matter is being corrected**.
- **Allegation C:** adopted **as written**, with the addition that **Ms. Dean** stated she believes the competency-check boxes were left **unchecked inadvertently**, and that **staff have since been retrained and documentation updated**.
- **Allegation D:** adopted **as written**, except — on **D5** (last inventory), **Ms. Hogan** had not finished the annual inventory, but the **inventory reminder is now on both Dean's and**

Hogan's calendars; and **D2** (last bottle inventory) is noted as **corrected**. (*This passage is partly ASR-garbled.*)

Sanction (as moved and carried)

- **\$500 monetary penalty.**
- **One unannounced inspection** of the facility **within one year** of entry of the order, **at the facility's cost.**
- (*An additional small cost figure — ASR “forty-two” — was stated; verify against the written order.*)

Motions

- **Motion 1 (findings):** “I move to adopt the findings of fact and conclusions of law as read by Mykl Egan.” — moved (board member, likely Ms. Richards-Spruill), **seconded by the Chair, carried.**
- **Motion 2 (sanction):** “I move to impose a monetary penalty of \$500 and ... one unannounced inspection ... at the cost of the facility.” — moved, **carried.**

Appeal / finality

- Certified true copy of the order to be **mailed in ~2–3 weeks** after the Board enters it.
- Becomes a **final order 30 days after service.**
- DAHS may file a **written request for a formal hearing within 30 days**; doing so **vacates** this committee's decision.

ASR confidence notes

- **Registration number (0220-0001882) and the 1984 issue year** are spoken quickly and should be verified against the written order.
 - **Statute/regulation citations** (54.1-3316; 54.1-3423(E); 18 VAC 110-20-25(B)(6)) are reconstructed from audio — verify.
 - The **additional cost figure** in the sanction (“forty-two”) is unclear.
 - Speaker attribution: **A = Chair (Ling Yuan), B = Mykl Egan, C = board member moving the motions (likely Ms. Richards-Spruill).**
-

Part 3 — Hearing: Full Cleaned Transcript

Informal Conference re: Danville Area Humane Society (DAHS) — Cleaned Transcript

Event: Virginia Board of Pharmacy, Special Conference Committee — informal conference

Matter: Danville Area Humane Society (DAHS) — controlled-substance (sodium pentobarbital / “Fatal Plus”) and sedative recordkeeping, euthanasia protocol/dosing compliance, DEA registration lapse, and staff euthanasia-certification gaps

Date recorded: 2026-06-24

Duration: ~62.8 min (audio begins ~00:00:50; ends ~01:02:41 as the committee votes into closed session)

Participants

Board / Committee side

- **Chair (Ling Yuan)** — presiding board member (“Madam Chair”)
- **Committee Members** — Board of Pharmacy members (pharmacists) asking the detailed clinical / dosage / recordkeeping questions; at least two-to-three distinct questioning voices, not individually named on the record
- **Ellen Shinaberry** — Deputy Executive Director, Board of Pharmacy (staff)
- **Rebecca Ribley** — Education Specialist, Administrative Proceedings Division (staff)
- **Mykl Egan** — Discipline Case Manager (staff)
- **Ms. Richards-Spruill** — board member who moved to enter closed session

Respondent side (DAHS)

- **Paulette Dean** — Executive Director, DAHS
- **April Hogan** — DAHS Shelter Manager; operations staffer answering day-to-day recordkeeping / drug-handling questions
- **Jeremy Swindlehurst** — attorney for DAHS

Transcription caveats (read first)

1. **Heavy ASR (speech-to-text) noise.** Room acoustics, multiple speakers, and pharmacology terms produced many garbled passages. Best-supported reconstructions appear in [square brackets]; clearly unrecoverable spots are marked [ASR unclear]. Nothing has been invented — numbers, page cites, and quotes are rendered only where the raw audio supports them.
 2. **Diarizer reset speaker labels every 10-minute chunk**, and frequently merged or swapped voices within a chunk. Roles below were reconstructed from **content** plus the speaker key, not from the raw diarizer letters. Where a speaker could not be confidently attributed, the label says “(unidentified).”
 3. **Names are best-effort** from self-identifications; uncertain spellings carry “(sp?)” on first use.
 4. **DAHS answer attribution heuristic:** operational recordkeeping / drug-handling / dosing-record answers are attributed to the **DAHS Shelter Manager**; certification, staffing, peer-shelter outreach, protocol-change rationale, euthanasia-volume, inventory and DEA-renewal answers are attributed to **Paulette Dean**. Some inventory/recordkeeping answers in the second half may have come from the Shelter Manager rather than Dean — flagged where relevant.
-

Transcript

[00:00:50] Chair (Ling Yuan): ...[those who] are vaccinated are not required to wear a mask. However, you are welcome to wear a mask if you are more comfortable doing so. Mr. Egan, will you please read the emergency evacuation procedure.

[00:01:02] Mykl Egan (Board staff): In the case of a fire or other emergency [alarm]... please exit the room using one of the doors on the side of the room. [If you exit on the right,] turn right, follow the corridor... take [the exit] at the end of the hall back to the way [you] came in. [If you exit] the building, proceed straight ahead through the parking lot to the very end of the lot. [ASR unclear — evacuation routing partially garbled.]

[00:01:25] Chair (Ling Yuan): Good morning. My name is Ling Yuan. I'll be [chairing] this meeting. [We are the special conference committee of the Board of Pharmacy [ASR: "Board of Architecture"]. We will [review the] allegations contained in the notice of informal conference. If we find that there are violations of the laws and regulations [governing] the conduct of the practice, an order may be entered by the board... We may also refer the matter to the board for a formal hearing. The committee members here today will now participate in the informal [conference]. If we decide that there is no violation, [the matter is closed]. Will board members and staff please identify themselves, starting to my right. [ASR: several phrases in this passage are garbled; substance reconstructed.]

[00:02:18] Ellen Shinaberry (Board staff): Good morning, I'm Ellen Shinaberry, Deputy Executive Director for the Board.

[00:02:29] Mykl Egan (Board staff): Good morning, Mykl Egan, Discipline [Case] Manager.

[00:02:32] Rebecca Ribley (Board staff): Rebecca Ribley, Education Specialist with the Administrative Proceedings Division.

[00:02:38] Chair (Ling Yuan): Please identify yourselves.

[00:02:41] April Hogan (DAHS Shelter Manager): I'm [April Hogan], the shelter manager [of the Danville Area Humane Society]. [First name garbled in the raw audio; confirmed as April Hogan.]

[00:02:47] DAHS side (unidentified): [ASR unclear — a brief self-identification, "...members of the ... [Humane] Society," not recoverable.]

[00:02:53] Paulette Dean (DAHS Exec. Dir.): I'm [Paulette] Dean, Executive Director of the [Danville Area Humane Society]. Jeremy, will you be able to repeat your last name, or spell it?

[00:03:07] Jeremy Swindlehurst (DAHS attorney): I'm sorry — yeah, it's Swindlehurst. S-W-I-N-D-L-E-H-U-R-S-T. And admittedly, a terrible name for a lawyer, I admit.

[00:03:36] Chair (Ling Yuan): [Did you receive the notice of the] informal conference? ... We see that an additional packet was provided with additional evidence to be considered. Is there any other evidence, other than this, that you would like us to consider?

[00:04:13] Board staff (Ellen Shinaberry) — process: We'll be reviewing the allegations and [will] go one by one. In the back [of] the notice of informal conference there is an allegation

summary worksheet. Just to facilitate and organize the way the conference goes — if you're okay with that, we're going to proceed with that allegation summary. Allegation number one, item A: do you acknowledge or do you refuse this allegation?

[00:04:13] DAHS respondent: Okay — yeah, [we] acknowledge it. Yeah.

[00:05:19] Chair (Ling Yuan): Are there any documents provided in the folder, or any statements or comments you would like to add to this allegation?

[00:05:25] April Hogan (DAHS Shelter Manager): We have actually started using a new form for [the sedative] and also [for] the euthanasia [drug] that we use, for [this purpose]. So we have corrected that. And also [we now put] the name [and] the strength of the euthanasia [drug] that we use on the front of the [logbook].

[00:07:48] Committee Member: This is a [large] checklist form that you provided to the committee. Where is this kept [afterward]?

[00:07:57] April Hogan (DAHS Shelter Manager): It's stapled with the intakes and the [cage] cards.

[00:08:00] Committee Member: Okay. So this is attached [to the intake].

[00:08:31] Committee Member: So you're acknowledging that — I think I read earlier in the packet — that your facility documented the administration of the [sedative] [on] cage cards.

[00:08:44] April Hogan (DAHS Shelter Manager): Uh-huh. We had it in a note — we were keeping notes — and they were transferred onto the cage cards, so that way everything would be in [one place].

[00:08:53] Committee Member: Okay. So we have a [set] of notes — documentation of ... some medication, appearing on pages starting on page twenty-three of the evidence; this is this notebook. And throughout it, it has a day, type of animal, the weight of the animal, and [it] looks like how much medication was administered — like looking at the top page, [amounts] like ninety, or nine cc's, etcetera. So which medication is this documenting?

[00:09:37] April Hogan (DAHS Shelter Manager): This is for Fatal Plus. This is for our euthanasia. So [that's] the [log] we have for that.

[00:09:45] Committee Member: So when you say you were documenting the sedatives on cage cards — [you were] taking notes so you could have it all together — but [page 23] is not what you're talking about? It's not [kept] together with that?

[00:09:59] April Hogan (DAHS Shelter Manager): No. No, but it's [kept with the records].

[00:10:00] Committee Member: That — that is also [on] the [cage] cards. Okay. So did you keep a log like this, but for the [sedative]? [ASR: "the seven" → "the sedative."] So you only documented the [sedative] on the [cage cards]. ... And do you now keep a log of the [sedative]?

[00:10:30] April Hogan (DAHS Shelter Manager): We have the sheet that we use, and that's taken with the intake [paperwork].

[00:10:39] Committee Member: ... Okay. What was the type of [sedative] that was used for the [sedation] in 2022 and 2023? [ASR: “acid from benzene” garbled.]

[00:11:05] April Hogan (DAHS Shelter Manager): It was a [liquid].

[00:11:07] Committee Member: It wasn't a tablet — it was liquid?

[00:11:10] April Hogan (DAHS Shelter Manager): It was [a] liquid. [ASR unclear: “It had less than liquid.”]

[00:11:13] Committee Member: Because I saw that you did provide some invoices for the purchase of that [medication], and I noticed that for all of the invoices dated in 2023 — which is the subject of today's allegations — they were only for tablets, the 10-milligram tablets. So I'm wondering: was there a period of time when you only relied on tablets for the sedative?

[00:11:39] April Hogan (DAHS Shelter Manager): [Tablets] first, and then we started using [liquid] like [that].

[00:11:42] Committee Member: And when did you start using [the liquid]? [ASR: “electricity.”] I can't remember the exact date — give me a guess. How long, a year? Two years that you've been using that?

[00:11:51] April Hogan (DAHS Shelter Manager): Probably two, two and a half years.

[00:12:15] Committee Member: So looking at page 91, which is the supervising veterinarian's protocol for companion-animal euthanasia from January 25th, 2020 — it looks like the veterinarian said, for the sedative for cats, it should be a concentration [of] ten milligrams per milliliter, and then the dosage of point two five milligrams per pound. So, since it says concentration of ten milligrams per milliliter, that would be a liquid as opposed to tablets — am I understanding that right?

[00:13:18] April Hogan (DAHS Shelter Manager): [It] also [has the oral route] on it too. [ASR unclear: “wool.”]

[00:13:23] Committee Member: The route of administration being oral — but would that not mean that the liquid would be administered orally? I'm genuinely just asking.

[00:13:34] April Hogan (DAHS Shelter Manager): It would be done orally.

[00:13:36] Committee Member: I just don't see any allowance here, or direction, for tablets. I guess — what would the dosage be for tablets, or the concentration, since this concentration is described as milligrams per milliliter?

[00:13:54] April Hogan (DAHS Shelter Manager): There is a corrected one in the [updated protocol]. [ASR unclear: “phone room.”]

[00:13:57] Committee Member: Right. But at the time of the [euthanasia] evaluations in 2022 and 2023, this was the protocol in place that you were supposed to follow. So it looks like, according to the invoices you provided, your facility only purchased the [acepromazine] tablets [ASR: “aseptic machine”; likely acepromazine] from the second half [of] February 2022. How would [the] effects differ [between tablet and liquid]?

[00:15:34] April Hogan (DAHS Shelter Manager): [Tablets] take a little bit longer.

[00:15:38] Committee Member: How much longer would you say?

[00:15:40] April Hogan (DAHS Shelter Manager): About thirty more minutes, probably.

[00:15:48] Committee Member: So would your staff just wait the extra time, instead of using the liquid?

[00:15:55] April Hogan (DAHS Shelter Manager): Yep.

[00:15:55] Committee Member: Did you ever talk with the [supervising veterinarian] about using tablets [instead of the liquid]? ... [ASR unclear in the middle of this question.] [On the form] there are three places [to initial] on the cage card. Do you keep a soft copy of it, or do the records get scanned at all?

[00:16:47] April Hogan (DAHS Shelter Manager): A soft copy is saved with the intake and the card, and then put in our folder.

[00:16:54] Committee Member: In your folder, okay. So it'll just be physical records — it's not scanned to, let's say, a folder in a computer?

[00:17:00] April Hogan (DAHS Shelter Manager): Yeah — um, our secretary actually scans it into the computer.

[00:17:25] Committee Member: [On the form,] the initials — is that the initials of the personnel that administers the drug ...

[00:17:34] April Hogan (DAHS Shelter Manager): Uh-huh.

[00:17:34] Committee Member: ... and that also does the monitoring?

[00:17:36] April Hogan (DAHS Shelter Manager): Yes.

[00:17:36] Committee Member: Okay, so I see that there's at least three different places — so in theory they do have to [record] in all three different places.

[00:17:46] Committee Member: Are there any instances where you have someone administering the drug and a different person doing the monitoring of that one?

[00:17:55] April Hogan (DAHS Shelter Manager): Yes.

[00:17:55] Committee Member: Okay.

[00:18:12] Committee Member: [After] each [administration is] documented ... [ASR heavily garbled: "Each prosthetic documented the citation on previous teeth."] ... what then happened to the [record], and how long [is] it [kept]?

[00:18:19] April Hogan (DAHS Shelter Manager): It goes with the [file].

[00:18:22] Committee Member: How long [do you keep] it?

[00:18:25] April Hogan (DAHS Shelter Manager): At least five years.

[00:18:34] Committee Member: Shall we go to item one B?

[00:19:02] April Hogan (DAHS Shelter Manager): But that new chart with the dosage is all that we use now.

[00:19:09] Committee Member: Is the new chart that you're referring to this document that you provided in the folder?

[00:19:57] April Hogan (DAHS Shelter Manager): [If] they weren't completely [gone]...

[00:20:00] April Hogan (DAHS Shelter Manager): ...[if they weren't] gone, then we were allowed to give more than what we were supposed to. Yeah — more than the [protocol].

[00:20:11] Committee Member: More than [the protocol]. [ASR unclear: "more than a place."]

[00:20:26] April Hogan (DAHS Shelter Manager): And you have to get more.

[00:20:28] Committee Member: In regards to the period of time where you determine [that] more medication will be needed — would [that be around] ten minutes?

[00:20:37] April Hogan (DAHS Shelter Manager): Yeah, like ten minutes. And then you give the last thirty minutes to [monitor].

[00:20:45] Committee Member: Okay. So would it be fair to say that every five minutes you monitor, and then — depending on — at what point it becomes clear that you need to administer more?

[00:20:58] April Hogan (DAHS Shelter Manager): It would be thirty minutes.

[00:20:59] Committee Member: So thirty minutes, okay. So thirty minutes, not twenty. Mind if I ask one more question — and I just want to make sure I'm reading the documents correctly. I have in front of me a [checklist]. You mentioned a euthanasia checklist. Was there discussion on any points to potentially add the weight of the animal to the checklist, mainly because everything is weight-based?

[00:21:31] April Hogan (DAHS Shelter Manager): No, but we can.

[00:21:35] Committee Member: [A] question about the additional medication — the [dose] that would be added past the one [milliliter (sp?)] per 10 pounds [ASR unclear on unit], and you told me about the process of observing. Since it's in the supervising veterinary protocol, was that veterinarian made aware of what was happening?

[00:22:36] DAHS respondent: Yeah — [the practice] is that we could check with our veterinarian.

[00:22:40] Committee Member: And then that veterinarian made the determination of how much additional would be [administered]. Okay.

[00:22:42] DAHS respondent: Yes, yes, yes.

[00:23:04] Committee Member: [Regarding contacting] the supervising [veterinarian] — [is it] like, if you're [already in the middle of it], how does your staff [decide] in the moment how much more [drug] you give?

[00:23:33] April Hogan (DAHS Shelter Manager): We can usually call her and get in touch with her.

[00:23:37] Committee Member: [And] how often would you say you do that? ... On page twenty-three, would these have all been intravenous administrations, or does it vary?

[00:24:06] April Hogan (DAHS Shelter Manager): Sometimes we do have to [restrain them] if they're a little more mean, but most of the time it's [IP]. [ASR unclear: "ideal" / "heat."]

[00:24:19] Committee Member: So looking at the protocol — it says cats: IV injection should be used rarely, and only if the cat is older than six months and calm; and that IP injection should be utilized on most cats and kittens. But you're saying that you were [mostly] using it IV? [ASR unclear: "you were stopped using it IV."]

[00:24:46] April Hogan (DAHS Shelter Manager): It also went to [IP]. [ASR unclear: "all."]

[00:24:49] Committee Member: And so — some of these administrations documented starting at page 23 are from cats, and you're saying that those represent IP administrations, but you didn't differentiate in these records whether it was IP or IV. Starting with page 23 — I don't see anything that says IP or IV, so that's what I was asking.

[00:25:15] April Hogan (DAHS Shelter Manager): Yeah — I didn't know we had to put that in there.

[00:25:34] Committee Member: It's looking like the dosages [should be] based on the protocol — different for IV versus IP. Like, for cats, the IV dosage is one milliliter per ten [pounds], but the IP dosage is three milliliters per ten [pounds]. [ASR: "per ten thousand"; corrected to "per ten pounds" — confirmed at 00:28:07.] So is that something that your staff was aware of at the time?

[00:25:56] DAHS respondent: Yes.

[00:26:46] Committee Member: [The] additional medication — was that documented somewhere in the records?

[00:27:14] April Hogan (DAHS Shelter Manager): [The log] mostly only [has] the basic [protocol] listed. ... Is there a separate [sheet for the sedative]? ... It's only [on] a sheet, [the] sedative underneath the [euthanasia drug]. [ASR heavily garbled throughout this answer.]

[00:28:00] Committee Member: Do you weigh the animal — like, how readily accessible is a way to weigh the animal?

[00:28:06] April Hogan (DAHS Shelter Manager): Yeah, we have a scale.

[00:28:07] Committee Member: Okay. Because I was just looking back at this record, and it says, for example — [around page] thirty-three — there's a cat that, on January ninth, 2023 ... weighed two pounds, I think is what it says, and then thirty cc's, or three milliliters, of the

sodium pentobarbital were administered. So this cat was two pounds, it was given three milliliters — but the IP dosage, which should be utilized on those cats and kittens, is three milliliters per ten pounds. So it's like a three-pound cat getting the dose of a ten-pound cat. What do you think is the reason for that?

[00:29:06] April Hogan (DAHS Shelter Manager): That would be from [page] 23 — and I don't know if that [animal] hadn't passed away, [so] maybe more [was needed], I don't know.

[00:29:18] Committee Member: And it's like — the [records show] a six-pound cat also got that same amount; another two-pound cat got that same amount. Is that pretty typical for cats that are that small — to not [need less]?

[00:29:37] April Hogan (DAHS Shelter Manager): Sometimes.

[00:29:48] Committee Member: Can I ask you to clarify a question? ... Sorry, can you give me a minute? When it says three milliliters — it says [ASR unclear; question trails off into the next chunk]...

[00:30:01] Committee Member: ...zero pounds to ten pounds, you said three [milliliters]? Or are you supposed to [adjust per] pound? [ASR unclear.]

[00:30:30] Paulette Dean (DAHS Exec. Dir.): [With the] understanding that, keeping in mind, [a staff member] has been certified for many years — and the other [times] I've had them retake [the] euthanasia [certification] because of this, and I've also done the shelter [assessment] tool offered by the state. So all of those [matters have been addressed]. We thought there were three employees certified, but there were [two] that did not have that checkbox. [ASR: certification-count wording garbled; per the packet, 2 of 3 staff lacked the demonstrated-competency checkbox.]

[00:33:00] Committee Member: So that other person is [certified]?

[00:33:02] Paulette Dean (DAHS Exec. Dir.): Yes.

[00:33:28] Committee Member: [Walk us through the] processes that you have put in place to prevent this from happening again.

[00:33:33] Paulette Dean (DAHS Exec. Dir.): We are very careful about who we have certified for euthanasia, and they must be [here] a certain amount of time before we send them for training, to see if [it's] a good [fit]. And so I personally, constantly monitor their mental health, their ability to perform the tasks — [we] are very careful.

[00:34:04] Committee Member: Will you walk me through the process if you were to certify a new staff member — basically [starting them] under the [supervised] euthanasia [program]? How does the selection look, what does the training process look like, what does the certification training look like?

[00:34:24] Paulette Dean (DAHS Exec. Dir.): The first step would be — and I'm quite clear with [them] on this — that they will not be required to use [the euthanasia drug]. [ASR: "Elm" → the euthanasia drug.] And then, after a certain amount of time — whatever amount of time it is — they come to me and say that they would like to be considered. The first step then is to contact, or go to the website of, [the state agency — ASR: "VDEX," likely VDACS] and find

out when the training opportunities are. Then we send them to the certification class. Then they come [back], and we will [also] send them to our supervising vet to be trained. They observe euthanasia; they practice how to [draw] the sodium pentobarbital into the syringe; and then if they handle the animals well during euthanasia, we can send them to our supervising veterinarian, and she trains them. And sometimes — a couple of times in the past, I know she has said this employee is not [able] to handle it, and so [they aren't certified].

[00:35:50] Committee Member: [And] what is in place now to make sure this doesn't happen [again]?

[00:35:55] Paulette Dean (DAHS Exec. Dir.): I check those [certifications] quite regularly. I have copies on my desk in a folder, and when they are brought back from the veterinarian, I check [them] very carefully. I'm in constant contact with the supervisor.

[00:36:56] Committee Member: [For] the process that the new staff member will go through, and the documentation — at any point, do you consider having a checklist also, to document that everything has been met before the staff member begins [euthanasia]?

[00:37:20] Paulette Dean (DAHS Exec. Dir.): We — I don't have formal checklists, no.

[00:37:42] Committee Member: During that annual performance review — even for employees who have been [doing euthanasia] for years — is there some place where they can express that they need additional training, [or that] they want a refresher [in this] workshop? Is there some place on that annual performance review that addresses that, and their ability to continue with that process?

[00:38:05] Paulette Dean (DAHS Exec. Dir.): There isn't a formal annual review, but the employees are constantly in my office, and I'm constantly speaking to them about how they feel about things — [how] competent they are — and I speak with the shelter manager all the time too, about [euthanasia].

[00:38:30] Committee Member: The two forms that were incomplete, from pages 119 and 120, that didn't have the "individual has demonstrated competency" check box — was that intentional on the part of Dr. [Laura Dover Luffman] [ASR: "Luffman"] — to say, no, these people are not competent?

[00:38:45] Paulette Dean (DAHS Exec. Dir.): No. She was as upset as I was when I talked with her about it. She was willing to check [the box].

[00:39:29] Committee Member: [The history], I think, [points] pretty heavily, to my mind — would the annual performance review not be a great time to check and see if the person has this certification? Might that become part of the annual process?

[00:39:46] Paulette Dean (DAHS Exec. Dir.): That's a wonderful idea — yes, that can happen.

[00:40:25] Paulette Dean (DAHS Exec. Dir.): ...[we use] our calendars to do a yearly inspection of everything, and so we try to fix the issue. We didn't [discard] them, because they're valuable, and we need to fix right now what we have left — what we [would discard] and what we don't [discard] right now. [ASR: "ship" recurs; likely "discard"/"dispose."]

[00:42:27] Committee Member: Is it a paper document?

[00:42:29] Paulette Dean (DAHS Exec. Dir.): It's in our [drug] room, on the cover, or the inside.

[00:42:37] Committee Member: Do you have an example of what that would look like? Are you keeping all of those [controlled-substance] records together with the [controlled-substance] record, or are you keeping them separately — technically, [the] controlled [substance] is a separate [record]?

[00:45:07] Paulette Dean (DAHS Exec. Dir.): [They're] separated, in separate folders, [so] we don't need [to combine] that.

[00:45:12] Committee Member: Okay. And then — so I see the record of [the drug] once received — I mean, it's based on the invoice. Is there documentation on when those are being used and are taken out of the inventory? I'm just trying to process how the inventory works.

[00:45:31] Paulette Dean (DAHS Exec. Dir.): With the yearly inventory, you would put in, like, two hundred fifty milliliters in a bottle, and then a half a bottle [remaining].

[00:45:49] Committee Member: Then — after the bottle gets opened up, does it get short-dated, or does it just get kept until [used up]?

[00:45:55] Paulette Dean (DAHS Exec. Dir.): All the bottles are numbered, and then [we] log [it in the] book — when we start a new bottle, we write it down, and then [we] keep a log using the [same] process. The euthanasia logbook is the same [for] the [whole] one. [ASR garbled: “the dull one ... a long road.”]

[00:47:52] Committee Member: [The log] still does not include the name of the medication.

[00:47:55] Paulette Dean (DAHS Exec. Dir.): No — that [log is for one drug] though.

[00:47:57] Committee Member: Okay, so everything in that log is just regarding one medication?

[00:48:03] Paulette Dean (DAHS Exec. Dir.): Uh-huh. Yes.

[00:48:04] Committee Member: Does the [euthanasia] logbook still not indicate whether it was IV or IP administration?

[00:48:12] Paulette Dean (DAHS Exec. Dir.): No — that's just [the basics]. We just have the date, the animal's weight, [and] initials.

[00:48:20] Committee Member: I see on the new checklist that it does have a spot for the administration — ID [IP?] and IV. So it'd be something you'd consider putting in the logbook as well.

[00:49:04] Committee Member: August first, twenty twenty-five: one bottle [and a] half bottle of Fatal Plus, I'm guessing. And it says [it's] under [the] old DEA number; and then on August 6th, 2025, it has the same thing, but under [a] new DEA number. So — was your old DEA number surrendered, or what's going on with that?

[00:49:32] Paulette Dean (DAHS Exec. Dir.): It [expired] and we had to send [off] for a new one. [ASR garbled: “They had to give two of us very bad credits to let me do that.”]

[00:49:45] Committee Member: I'm just not familiar enough to [understand] — did it expire and you weren't able to [renew] the same number, or was there a reason to get a whole new number?

[00:49:55] Paulette Dean (DAHS Exec. Dir.): It was done on the same day I made the [phone call].

[00:50:00] Paulette Dean (DAHS Exec. Dir.): ...to the office, and [it] was explained that, according to our records, it was expired that day. And so they said, okay, the thing to do then [is] we will just re-issue another number — and it was done within a day. And during that time, nothing was used.

[00:50:21] Committee Member: And nothing was used [during that gap]?

[00:50:25] Committee Member: On the day it was expired — but then you got a new number, like, right away. So there was no day that you had an expired number? Okay. But still — no, nothing was used. Um, do you have [something] in the system to help prevent the [DEA] number from expiring in the future?

[00:50:52] Paulette Dean (DAHS Exec. Dir.): Okay — I thought we had [it on a reminder]. We have it on the calendar on the front; I can add it to mine, but we have it on the calendar.

[00:51:02] Committee Member: I was just noticing that the new protocol you provided, from January 2nd, 2025, is different than the previous protocols. For example, in the previous protocol from 2020, the primary sedative was [acepromazine] [ASR: "SSRI-zine"], and there was [no] secondary sedative; but now a secondary sedative has been added, and [there are] other changes — like, the IV dosage for cats [increased] by one milliliter. I'm just curious — did you request these changes, and what was the rationale for doing them?

[00:51:59] Paulette Dean (DAHS Exec. Dir.): I actually had reached out to several other shelters and asked them for a copy of their paperwork, and then we [discussed] it for a long time.

[00:52:31] Committee Member: [ASR garbled — appears to read a dosage figure aloud.] Was that because you found that the previous [protocol] was not effective, or what was [the reason] for asking [the veterinarian] to change [it]?

[00:52:49] Paulette Dean (DAHS Exec. Dir.): [ASR garbled.] I [don't] understand all of that. But we did work with other shelters, and with [our] supervising [veterinarian].

[00:53:48] Committee Member: Do you admit, or do you deny — or would you like to [add] comments?

[00:53:54] Paulette Dean (DAHS Exec. Dir.): [I] admit [it]. As [a remediation,] we are putting [these] on the calendars so [we] won't forget, and I have an exact date when they're going to do it.

[00:54:16] Committee Member: Just for my own clarity — which medication is being discussed on this page?

[00:54:26] Paulette Dean (DAHS Exec. Dir.): It's sodium [pentobarbital] [ASR: "sodium and propanol"]. It's on the [front/cover], and [also] on the inside.

[00:54:34] Committee Member: And then on the inside?

[00:54:35] Paulette Dean (DAHS Exec. Dir.): Yes.

[00:54:57] Committee Member: [This] is the inventory that you've got here — it has the Fatal Plus, the full bottles. On the next page — I guess, if someone opened up this book, would they see a continuous inventory of what was used and how much is left in each [bottle]?

[00:55:18] Paulette Dean (DAHS Exec. Dir.): Uh, yeah — it's on [the cover]. Once you open it, it's on that front cover.

[00:55:22] Committee Member: I know on the front cover, like, it said [08-27-25], you [received] lot [number] ... twenty-four bottles. But how do [we] know how many bottles [are left]? Is there something — is there a reconciliation, or a [running total]?

[00:55:41] Paulette Dean (DAHS Exec. Dir.): Yeah — [at] my annual [inventory] I put it down, [comparing] this [against] what we had.

[00:55:48] Committee Member: [There's] no [separate] confidentiality report? ... You just [reconcile] this, and so everyone's [accounted for] — we shouldn't have this much left, and you keep your account [balanced]. [ASR heavily garbled in this exchange.]

[00:56:52] Committee Member: Just looking at the records — in the allegations, it says eighteen hundred animals euthanized in twenty twenty-three. I noticed that some of the records spilled over into January twenty twenty-four — like, for example, on page ninety-eight, some of those records are from January twenty twenty-four instead of all in twenty twenty-three. So [it's] eighteen hundred animals in [a span of] more than thirteen months. Is that your average? Has it increased, or decreased?

[00:57:28] Paulette Dean (DAHS Exec. Dir.): Um — not to that [degree]. We are an open-admission shelter, so we don't turn away animals. Veterinarians will actually send some of their clients to us for euthanasia, if their client cannot afford that. So those euthanasia numbers include animals that have been picked up by animal control and perhaps taken to a veterinarian and euthanized later — but because we are a public shelter, we have to account for that as well. We are working on our euthanasia numbers — and then the pandemic hit, and [things changed]. So we are one of those public shelters that [has had] just a bloodbath. We do our very best. Yes, [I] realize [it] looks like our rate is high — the numbers look awful — but [people] don't understand the story behind them. [ASR garbled re: aggressive animals.]

[00:58:53] Committee Member: I'm just wondering — are the numbers holding steady? Or, since [the recovery]...

[00:59:01] Paulette Dean (DAHS Exec. Dir.): [As we put in place] in 2024 and 2025 [our] expanded [spay/neuter and] transfer programs — so our numbers [declined] in [2024], and I think it will be more of a decline in 2025.

[00:59:47] Jeremy Swindlehurst (DAHS attorney): [I] think that everything that has been alleged should be acknowledged. We are grateful to have been here to talk to you again, and [to] answer your questions.

[01:00:00] Jeremy Swindlehurst (DAHS attorney): Your [questions] have really kind of pinpointed, I think, areas that need to be better kept track of. The dosage [tracking], the dosage times, are helpful. I see a lot of the dosages are kind of in multiples of three, so that's clearly something that can be [refined]. But, you know, euthanasia [and] anesthesia [are] an important part of the [Danville] Area Humane Society's mission. And we understand it's a privilege to be able to use the [controlled substances] that are being regulated here, and we appreciate the oversight — and even the concerned citizens who want to make sure it's being done right. We acknowledge that we're going to make these changes, and I thank you for requiring [them]. So we're thankful you [gave] us a chance.

[01:00:54] Chair (Ling Yuan): Uh, we're not able to take questions from the public. I just saw, like, a hand being raised in the back, so I just wanted to clarify.

[01:01:06] Member of the public: May I just say — it was a question for the board, a general question, not a question for the [committee/case]?

[01:01:13] Chair (Ling Yuan): I don't believe we can take questions while we deliberate on the specific case. Since this case [is being decided], if you have very specific comments that you would like [to make] to the board, I [would] suggest that you [direct them] directly to the board, [in writing], and Mr. Egan can probably provide that email address.

[01:01:37] Member of the public: It would be pertinent, though, to what's going on.

[01:01:40] Chair (Ling Yuan): My apologies — it's just the way the informal conference is structured; we do not allow comment from the public. Ms. Richards-Spruill, will you please [move us into closed session]?

[01:01:57] Ms. Richards-Spruill (Board member): Yes, Madam Chair. I move that the Special Conference Committee of the Board of Pharmacy convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of [the Danville Area Humane] Society. Additionally, I move that Michael [Egan] [ASR: "Eaton"], Ileita Redd, and Mary [Ann (sp?)] and Ellen [Shinaberry] [ASR: "Sheinberg"] attend [the] closed session, because [their] presence is deemed necessary and will aid the board in its deliberations.

[01:02:30] Chair (Ling Yuan): [I'll] second the motion — and the motion carries. We are now in closed session. At this point, we would like you to gather your belongings and your companions [and wait at] the main entrance. We will call you back as soon as we finish.

[Recording ends — committee enters closed session under Va. Code § 2.2-3711(A)(27). The board's actual decision is not captured on the recording.]

Part 4 — Board Decision / Order: Transcript

DAHS Informal Conference — Decision / Order Announcement (Cleaned Transcript)

Event: Virginia Board of Pharmacy, Special Conference Committee — reading of the decision after closed-session deliberation

Matter: Danville Area Humane Society (DAHS) — euthanasia/controlled-substance recordkeeping and protocol compliance

Date recorded: 2026-06-24

Duration: ~6.1 min (this is the committee reconvening in open session after the closed deliberation that ended the main hearing recording)

Transcription caveats (read first)

1. **Heavy ASR (speech-to-text) noise**, especially on statute citations and the registration number. Best-supported reconstructions appear in [square brackets]; unrecoverable spots are marked [ASR unclear]. Code sections and the registration number should be **verified against the written order** when it arrives (the Chair states a certified copy will be mailed within 2–3 weeks).
 2. **Diarizer speaker labels** were mapped to roles by content: **A = Chair (Ling Yuan)**, **B = Mykl Egan (Discipline Case Manager, reading findings)**, **C = board member moving the motions (likely Ms. Richards-Spruill)**.
 3. **Names/numbers are best-effort**; “(sp?)” marks uncertainty.
-

Transcript

[~01:44] **Chair (Ling Yuan):** The decision has been made by the committee to issue an order regarding your permit. Mr. [Egan], the [Discipline] Case Manager, will read the findings of fact and conclusions of law regarding this matter. Please note that this information is going to be emailed to you.

[~02:01] **Mykl Egan (Board staff, reading the order): Finding of Fact Number 1:** On August 27, [1984 (sp? — verify)], the Board issued controlled substances registration number **0220-0001882 (verify)** [to the] Danville Area Humane Society, in the Commonwealth of Virginia, pursuant to [its] desire to operate as a humane society.

Finding of Fact Number 2: Danville Area Humane Society, Incorporated, violated **Virginia Code §§ 54.1-3316(1), (2), (6) and (7)** and **§ 54.1-3423(E)** and **18 VAC 110-20-25** [of the] regulations governing the practice of pharmacy, [in that] the facility failed to maintain euthanasia records as required. Specifically, the supervising veterinarian[’s] (Dr. Laura Dover Luffman) euthanasia protocol directed the facility to sedate animals with **[acepromazine]** as part of the [pre-]euthanasia [sedation]; the facility stated [the drug] was [used as a] sedative before

[euthanasia], and they failed to document the **name and strength of the sedative drug** administered in the euthanasia [logs], in violation of **18 VAC 110-20-25(B)(6)** of the regulations.

[Egan then read the disposition of each allegation:]

- [The committee noted to] the committee that while [the sedative entries] were not [originally] included, [DAHS] had since created a card attempting to hold the necessary relevant information.
- **Allegation [B]** — as written, with the addition of **Ms. Hogan** stating to the committee that the documentation did not [contain] the information but the matter was being corrected.
- **Allegation C** — as written, with the addition of **Ms. Dean** stating to the committee that she believes the [competency check] boxes [were left unchecked] inadvertently; [as of] the last [time] checked, the staff has been retrained and the documentation has been updated.
- **Allegation D** — as written, except: on **D5**, [regarding] the last inventory, **Ms. [Hogan]** [had not] finished the [annual inventory] but stated that the [reminder] for [conducting] inventories is currently on both her and Ms. Hogan’s calendar[s]; and **D2**, regarding the last [bottle] inventory, is [noted as] corrected. [ASR garbled in places.]

[~04:23] **Chair (Ling Yuan):** May I have a motion regarding [the] Danville Area Humane Society?

[~04:27] **Board Member (likely Ms. Richards-Spruill):** Yes, Madam Chair. I move to adopt the findings of fact and conclusions of law as read by Mykl Egan.

[~04:35] **Chair (Ling Yuan):** I second the motion, and the motion carries. May I have a motion as to the sanction in the matter of the Danville Area Humane Society?

[~04:42] **Board Member (likely Ms. Richards-Spruill):** Yes, Madam Chair. I move to impose a **monetary penalty of \$500**, and within one year of entry of the order, Danville Area Humane Society will be subject to **one unannounced inspection of the facility at the cost of the facility**. [ASR unclear: “the cost will be [forty-two] / [\$42 (sp?)]” — verify against the written order.]

[~05:19] **Chair (Ling Yuan):** Okay. You have heard [the decision] of the committee. A certified true copy of the order will be sent to you once the order is entered by the Board, which should be within the next **two to three weeks**. If you decide to appeal the order, the instructions for doing so will be contained in the cover letter as well as the order. As provided by law, this decision shall become a **final order thirty (30) days after service of the order**, unless you provide the Board with a **written request for a formal hearing within the thirty-day timeframe**. Upon your request for a formal hearing, the decision of this committee shall be **vacated**. This concludes today’s informal conference. Mr. Egan will walk out with you and answer any questions you may have.

End of decision announcement.