




Euthanasia Checklist



Euthanasia Date 7-28-25 ID # 41239 Custody verified (Initials) 

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

Sodium Pen (Fatal Plus) Initials  ml Route: IV IP

Determination of Death

- 5 minutes post injection
- Lack of heartbeat-stethoscope (Initials) 
- 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) 
- 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) _____

