

Euthanasia Checklist

Euthanasia Date 7-30-25 ID # 41256 Custody verified (Initials) _____

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

Sodium Pen (Fatal Plus) Initials _____
1 1/2 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) _____

