

Euthanasia Checklist

Euthanasia Date 8/5/25 ID # 41340 Custody verified (Initials) [Redacted]

Sedative: Acepromazine (Initials) [Redacted]
Oral (strength mg) # of tablets
Inj. 10mg/ml 0.25 ml Route: IM

Sodium Pen (Fatal Plus) Initials [Redacted]
1 ml Route: IV IP

Determination of Death

5 minutes post injection

Lack of heartbeat-stethoscope (Initials) [Signature]
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) [Signature]
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)

