

Euthanasia Checklist

Euthanasia Date 7-8-25 ID # 41067 Custody verified (Initials) [Redacted]

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

Sodium Pen (Fatal Plus) Initials [Redacted] _____
1/2 ml Route: IV IP

Determination of Death

5 minutes post injection

- Lack of heartbeat-stethoscope (Initials) [Redacted]
- 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) _____

Canine

Beagle [Redacted]

Approximate WEIGHT: 2 LB

