

Euthanasia Checklist

Euthanasia Date 7-8-25 ID # 41143

Custody verified (Initials) [REDACTED]

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

1/2 HR INT SD

Sodium Pen (Fatal Plus) Initials [REDACTED] 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) [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) _____

