

Euthanasia Checklist

Euthanasia Date 8/13/25 ID # 41366

Custody verified (Initials) [Redacted]

Sedative: Acepromazine (Initials) [Redacted]

Oral (strength        mg) # of tablets       

Inj. 10mg/ml 1.50 ml Route: IM

Sodium Pen (Fatal Plus) Initials [Redacted]

4 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)

