**Model Act of “Euthanasia” Protocol Form**

**1. Animal Identification:**

This form is filled out by the two individuals involved in taking an animal’s life. It requires verification that the animal being killed is the correct animal via a two step process: one staff member verbally reviews the items on the form, while the second staff member calls out confirmation. They then verify that their answers match those of the “Euthanasia Form” accompanying the animal. Once staff verify that they have the correct animal, they then confirm that all required actions were taken to prevent killing, including having all signatures obtained before they carefully and conscientiously follow all the remaining steps up to and including verification of death in four distinct ways.

Name of Animal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ If Owned name was changed by staff, the new name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Species:

⬜ Dog

⬜ Cat

⬜ Rabbit

⬜ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Animal ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tag Verification:

⬜ No

⬜ Yes. Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex:

⬜ Male

⬜ Female

Sterilization Status:

⬜ Sterilized

⬜ Intact

⬜ Unknown

Tattoo:

⬜ No

⬜ Yes. Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eye Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identifying Markings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ Picture Verification (Animal Matches Photo in Shelter Management Software)

Age:

⬜ Neonate

⬜ Young

⬜ Juvenile

⬜ Young adult

⬜ Adult

⬜ Older adult

⬜ Geriatric

Size:

⬜ Small

⬜ Medium

⬜ Large

⬜ X-large

If Cat, Ear Tip?

⬜ No

⬜ Yes

Stop: If the animal is a healthy stray cat, sterilize & return to habitat. Do not proceed further.

Microchip:

⬜ No

⬜ Yes

Collar:

⬜ No

⬜ Yes. Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Impounded:

⬜ Owner surrendered

⬜ Stray

⬜ Seized

⬜ Protective custody

⬜ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who Impounded:

⬜ ACO

⬜ Police. Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ Resident Stray (Over the Counter)

⬜ Resident Turn-In

⬜ Answers match those on “Euthanasia form”

⬜ Employees switch places and go through entire process a second time

Animal identification conducted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Animal re-identification conducted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ Euthanasia form completed and attached

⬜ All signatures have been obtained on euthanasia form

⬜ If aggression, bite incident form completed and attached

Euthanasia Administered By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am/pm

Euthanasia Witnessed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am/pm

Time of death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm

Type of sedative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of sedative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_cc’s

Type/Amount of Euthanasia Solution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_cc’s

Method:

⬜ IV

⬜ IP. IP euthanasia not permitted except if animal is comatose and person performing is a licensed veterinarian (IC Euthanasia may not be performed).

If IP:

⬜ I certify that I am a veterinarian licensed to practice in this state

⬜ The animal was comatose at the time I performed the euthanasia

⬜ The staff presented the animal to me and verbally informed me that all conditions noted in the form have been met and verified

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEA License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verification of Death (All Four Boxes Must be Checked):

⬜ By lack of heartbeat, verified by a stethoscope

⬜ By lack of respiration, verified by observation

⬜ By pale, bluish gums and tongue, verified by observation

⬜ By lack of eye response, verified if lid does not blink when eye is touched and pupil remains dilated when a light is shined on it

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am/pm