

EUTHANASIA PROTOCOL

Corresponds with Requirement 14.0

Euthanasia methods:

The euthanasia method(s) used by the operator include:

- Free bullet deployed by a skilled individual.

Indicate the calibre of gun used: _____

- Penetrating captive bolt deployed by a skilled individual.

Indicate the calibre of the captive bolt gun used: _____

Euthanasia must be conducted without delay when deemed necessary. Move the horse, if possible, to an area where the euthanasia method of choice can be conducted safely for all parties. Proper restraint methods are used, as necessary, to ensure success. If using gunshot, ensure all personnel are a safe distance from the horse being euthanized. Once the euthanasia method is performed, unconsciousness is confirmed immediately and when it is safe to do so. The animal is not unconscious if it vocalizes, attempts to rise, lifts its head, blinks like an alive animal, and responds to a painful stimulus.

If the method was unsuccessful, the operator will then use the following secondary euthanasia steps/methods:

- A second shot (free bullet or captive bolt).
- Lethal injection (administered by a veterinarian).
- Cardiac puncture, bleeding, and pithing can be used as a secondary step **ONLY** if the horse is confirmed to be unconscious.

Death is confirmed before moving or leaving the horse by using the following indicators:

- Absence of all movement for at least five minutes.



- Absence of a heartbeat and pulse for at least five minutes.
- Lack of breathing for at least five minutes.
- Fixed, dilated pupil.
- Absence of all reflexes including the corneal reflex.

Disposal is in accordance with provincial or territorial and municipal regulations. In the region where this facility is located, these regulations stipulate:

Operator:

Name: _____

Signature: _____

Phone number: _____

Date: _____

The operator named above has the skills necessary to safely and humanely euthanize horses using the method indicated above. They, and any staff members who assist with the euthanasia, have been adequately trained to do so and agree to abide by the steps outlined in this protocol.

Facility owner/manager:

Name: _____

Signature: _____

Date: _____