



Washington State Department of  
**Health**  
 Pharmacy Quality Assurance Commission  
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## Euthanasia Training Program Review Form

[WAC 246-886-040](#)

**Please Note: This form must be completed fully. Failure to do so may result in a delay of processing.**

Date:	<input type="checkbox"/> New <input type="checkbox"/> Updated (Training Program) credential # _____	
Name of Facility / Applicant:		
Mailing Address:		
Physical Address:		
Email:	Phone (enter 10 digit #):	Fax (enter 10 digit #):
Web Address:		UBI #:

The training program was reviewed based on the following elements:

Topics	Yes	No	Comments
1. Program based on Board approved text. Which text is used?  a. The Humane Society of the United States Euthanasia Training Manual by Rebecca H. Rhoades, DVM.  b. Handbook of Pentobarbital Euthanasia by Tim Greyhavens, Humane Society of the Willamette Valley.  c. Euthanasia by Injection Training Manual–American Humane Association.			
2. Training program taught by a licensed veterinarian or person who has completed an approved training program taught by a licensed veterinarian.			
3. Training program is a minimum of four hours. Participation in both didactic and practical training in the use of approved drugs - Instructions and hands-on.			
4. Program topics to be included:  a. Anatomy and physiology; b. Methods of euthanasia; c. Routes of drug administration; d. Use of sedatives; e. Drug dosing; f. Use of restraints; and g. Process and verification of death;			

Topics	Yes	No	Comments
h. Pharmacology of the drugs; i. Indications, contraindications, and adverse effects; j. Human hazards; k. Disposal of medical waste (needles, syringes, etc.) l. Record keeping and security requirements; i. Logbook ii. Records available for board inspection iii. Discrepancies reported iv. Record maintained for a minimum of two years m. Applicable federal and state laws and rules			
5. Approved drugs: a. Acetylpromazine. b. Dexmedetomidine c. Medetomidine. d. Xylazine. e. Sodium Pentobarbital.			
6. Final examination: Passing score of no less than 75%.			
7. a. Issue Certificate of Completion to successful attendees. b. Registry of persons who have successfully completed the program for a minimum of two years.			

**For Staff Use Only**

Program Type:             New             Review

Reviewer: \_\_\_\_\_

Staff Recommendations:     Approve     Revisions needed: Incomplete—additional information needed.

Commission approved:     Yes             No

Comments: \_\_\_\_\_  
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