

Attestation Verifying Euthanasia by Injection Skill Proficiency

Signature of Euthanasia Technician

I hereby attest to the proficiency and validity of my skill set in relation to performing euthanasia by injection. I affirm that the skills mentioned below have been acquired through training, education, and practical experience:

- Federal and state requirements for controlled substances
- Animal handling and restraint with emphasis on low stress handling
- Identification of controlled substances
- The role and use of pre-euthanasia medications
- Syringe and needle handling
- Injection site anatomy
- Subcutaneous, intramuscular, and intravenous injections
- Verification of death
- Body disposal
- Controlled substance recordkeeping
- Compassion Fatigue

I understand that these skills are essential for the successful execution of my duties and responsibilities as a euthanasia technician. I confirm that I have completed the necessary training to develop and enhance these skills to ensure and maintain proficiency.

Furthermore, I acknowledge that it is my responsibility to continuously update and refine my skill set to respond to advancements in our work. I am committed to pursuing professional development opportunities to maintain and expand my expertise.

By signing this attestation, I declare that the information provided is accurate and truthful to the best of my knowledge. Please find my signature below as an indication of my acceptance and understanding of the above statements:

[Employee's Name]	[Employee's Signature]	[Date]

Signature of Veterinarian

By signing this attestation, I declare that the information provided above is accurate and truthful to the best of my knowledge. Please find my signature below as an indication that the individual above has completed training and demonstrates proficiency in all areas related to performing euthanasia by injection:

[veterinarian's Name]	[Veterinarian's Signature]	[Date]