|  |  |
| --- | --- |
| A close up of a logo  Description automatically generated | Euthanasia Plan Template |

 *Corresponds to AW3.23.*

The following template is adapted from the Sheep Euthanasia Manual (2017) published by Alberta Lamb Producers and written by Jennifer Woods MSc. of J. Woods Livestock Services. Please note their disclaimer below the information provided in the Euthanasia and On-farm Slaughter Guidance

The full document can be found here: <https://www.abkid.ca/images/documents/resources/Sheep-Euthanasia-Manual-final.pdf>

**1. Farm details**

|  |  |
| --- | --- |
| **Date of Plan** |  |
| **Farmer Name** |  |
| **Farm Name** |  |
| **Farm Address** |  |
| **Plan completed by:** | Name:Position: | Signature: Date: |
| **Date plan due for review** |  |

**2. Employees trained in euthanasia**

|  |  |
| --- | --- |
| **Name** | **Date of training** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**3. Animals that will be promptly euthanized include:**

|  |  |
| --- | --- |
| **Condition** | **Check to show that goat with this condition will be euthanized** |
| Untreatable conditions |  |
| Non-responsive to treatment and not likely to recover |  |
| Unfit for slaughter |  |
| Weak, unable to stand or walk |  |
| Unable to eat or drink |  |
| Unable for farm to provide appropriate care |  |
| Showing signs of a reportable disease |  |
| Animal is showing signs of suffering, in pain or distress |  |

**4. Acceptable methods**

|  |  |
| --- | --- |
| **Size/type of goat** | **Acceptable method of euthanasia** |
| Kid pre-weaning |  |
| Kid post-weaning |  |
| Doe |  |
| Ram |  |

**5. Acceptable secondary methods (if necessary)**

|  |  |
| --- | --- |
| **Size/type of goat** | **Secondary method of euthanasia** |
| Kid pre-weaning |  |
| Kid post-weaning |  |
| Doe |  |
| Ram |  |

**6. Death and disposal**

|  |
| --- |
| **What checks to confirm death are carried out before any euthanised animals is moved or disposed of?** |
|  |
| **How are euthanized animals disposed of?** |
|  |

**7. Reportable disease**

|  |
| --- |
| **If there is a suspicion of reportable disease, please detail who should be contacted** |
|  |

**8. Other contacts**

|  |  |
| --- | --- |
| **Veterinarian** |  |
| **Deadstock removal service (if applicable)** |  |
| **Other (please specify)** |  |