

**Certified Euthanasia Technician (CET) Candidate
Training Checklist**

Name of Candidate: _____

Shelter Name/ License Number: _____

County Employee: Yes No

Position Title: _____

Address of Employment: _____

Training Veterinarian: _____ N.C. License No.: _____

Shelter "Veterinarian of Record": Yes No If no, describe association with county:

Location of Training: _____

Hours of Training Completed: _____

Place a checkmark next to the areas in which the candidate has demonstrated proficiency and understanding of appropriate technique:

- Handling Cats Handling Dogs
- Appropriately uses syringes and needles.
- Safely uses and disposes syringes and needles in sharps container.
- Intravenous stick to: Cats Dogs
- Intramuscular stick to: Cats Dogs
- Number of animals successfully attempted: Cats _____ Dogs _____
- Storage and handling of controlled substances.

Certifying Veterinarian

Animal Services Director

Date

Date