



David J Crum, DVM
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Owner Name: _____ Must be over 18
Patient Name/ID: _____ Patient Age: _____
Gender: _____
Species/Breed: _____

Euthanasia Consent Form

I, the owner (or agent for the owner), of the animal described above, do hereby authorize **CRUM EQUINE VETERINARY SERVICE** to Euthanize the above described animal.

Please choose and sign the appropriate line below

Signature of Owner/Agent _____ Must be over 18
Date _____

Owner not present, permission granted via telephone by:
_____, Witnessed by: _____
(Name of Owner/Agent) *(Witness Signature)*
Date _____



Euthanasia of the described animal was performed on ____/____/____ by
(Date)
_____ with _____
(Name of Veterinarian) *(Name and Volume of Product Used)*