



**David J Crum, DVM**  
Sports Medicine, Lameness, Dentistry  
And Minor Surgery

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[www.crumequine.com](http://www.crumequine.com)

Office 740-653-6000  
Emergency Only 1-800-216-6050  
Email: mail@crumequine.com

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)