



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

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You have been accepted to attend a career shadow and ride along experience with Crum Equine Veterinary Service, Inc. You will be assigned to a licensed veterinarian who will lead you through a typical work day and explore different aspects of their career. You will be on the road traveling with one of our licensed veterinarians and staff assistants on routine and/or emergency veterinary appointments.

Under The Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risk of engaging in and legal responsibility from injury, loss or damage to person or property resulting from the risk of equine activities. Ohio Revised Code: 2305.321

_____ I hereby release Crum Equine Veterinary Service, Inc. of any legal responsibility (Please initial).

Emergency Contact Information:

Emergency Contact 1: _____

Emergency Contact Phone: _____ Relation: _____

Emergency Contact 2: _____

Emergency Contact Phone: _____ Relation: _____

Medical Conditions: _____

Allergies: _____

Printed Name: _____ **Phone Number:** _____

Signature: _____ **Date:** _____