

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)