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**DR. CATTRINA LUCAS VET INC.**  
PREMIER MOBILE VETERINARY SERVICES

**(661) 859-6168**  
www.DrLucasVet.com

## Euthanasia Consent Form

Horse's name: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

As owner / authorized agent for owner, I give permission for euthanasia (humane destruction) of the above horse. I agree to remove the remains within one hour to prevent exposure to any other animals.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_ AM PM