Social Media Consent

Client Information:

Name: _____ Client ID: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Pet Information:

Name: _____ Species: _____

Breed: _____ Age: _____ Sex: _____

Color/Markings: _____Patient ID:_____

I am the owner or agent for the animal described above and I have the authority to execute this consent. _____ (initials)

I hereby give _____(hospital name) permission to take photographs and videos of me and my pet for either entertainment or for the educational purpose of posting on _____(hospital name)'s Facebook, Tik Tok, Instragram, other social media sites and clinic website without payment or any other consideration. I hereby release and discharge _____(hospital name) from any and all claims arising out of use of the photos. I waive the right to inspect or approve any finished product in which my likeness appears, including written or electronic copy.

_____(hospital name) has my permission to use:

Only my pet's picture (no name)
Only my pet's name
My pet's name and my last name
My pet's name and my first and last name

By signing this consent, I authorize the use of my name and my pet's name (as checked above and) as printed below.

Pet(s) printed name: _____

Owner's printed name: _____

****

Owner Signature: _____

Date: _____

Employee Signature: _____

Date: _____

This authorization shall continue indefinitely, unless I otherwise revoke this authorization in writing.