CAH Release of Information for Media or Website Publication

Client's Name _____ Pet's Name(s) _____

After an explanation of its intended use, I authorize the staff at this veterinary practice to release photographs, videotape images, or other images to use with the following media entities:

Centre Animal Hospital website
Facebook
Instagram
Print or online advertising
Twitter

I understand that this information may be used on print media, on a brochure or on the website of this veterinary practice and/or social media for public education and interaction purposes and agree to its use in that manner.

I, the undersigned, am interested in educating and sharing with the public photos of my pet(s) and authorize this veterinary practice or institution's faculty, clinicians, employees, students, and/or agents to use such materials for this purpose. I agree not to file any claim for revenue or lawsuit for damages against this veterinary practice with respect to the release of this information.

_____
Signature of Owner or Authorized Agent

_____
Date