



Social Media Image Release Form

We value your comfort and privacy, and this form is a means of obtaining your explicit consent for the use of your pet's images in our social media content.

1. I hereby provide Skyway Animal Hospital with permission to take photographs and videos of my pet(s) for the purpose of posting on any of Skyway Animal Hospital's social media platforms or clinic website. *

- I have read and understand, and I give my consent. *(answer following questions)*
- I do not consent *(disregard next questions - sign bottom of form)*

2. I give Skyway Animal Hospital my permission to use my pet's name(s) along with the photos/videos on any of Skyway Animal Hospital's social media platforms.

- I give permission to use my pet's name(s)
- I do not give permission to use my pet's name(s)

3. I hereby release and discharge Skyway Animal Hospital from any and all claims arising from the use of the photos or videos.

- I have read and understand

4. I understand that my consent is freely given and that there has been no promise of compensation, payment, goods, or services to be provided for any such use. I have no expectation to receive compensation, payment, goods, or services.

- I have read and understand

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

- I have read and understand

Client name: _____

Pet's name(s): _____

Client signature: _____

Date: _____