



**Arlington Heights
Animal Hospital**

SOCIAL MEDIA CONSENT FORM

I hereby give Arlington Heights Animal Hospital permission to take photographs of my pet for the purpose of posting on Arlington Heights Animal Hospital's Facebook, Instagram, hospital website and/or hospital medical record.

I hereby release and discharge Arlington Heights Animal Hospital from any and all claims arising out of use of the photos.

Arlington Heights Animal Hospital has my permission to use

- Only my pet's name
- My pet's name and my first name
- My pet's name and my first and last name

In signing this consent, I give authorization to use my name and my pet's name as indicated. I understand that my consent is freely given and that there has been no promise of compensation, payment, good or services to be provided for any such use and have no expectation to receive compensation, payment, goods or services.

I have read and understand

I understand that I may revoke consent at any time by providing written notice to Arlington Heights Animal Hospital. In such instances, Arlington Heights Animal Hospital shall remove any such social media posts as soon as reasonably possible.

I have read and understand

Pet's Printed Name(s)

Owner's Printed Name

Email

Owner's Signature

Date