

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 Edina Pet Hospital to release portions of my pet's medical history and record, including personal recollections, radiographs, photographs, videotape images or other images to use with the following media entities:

_____ www.EdinaPetHospital.com

_____ *Pet of the Month*

_____ *Edina Pet Hospital's Facebook Page*

_____ *Edina Pet Hospital's Google+ Page*

I understand that this information may be used in the print media, on a brochure or on the website of this veterinary practice.

I, the undersigned, am interested in educating the public about my pet's condition and medical care 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