**Tallahassee Veterinary Hospital**

**Social Media Consent Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby grant the Tallahassee Veterinary Hospital (TVH), its representatives and employees permission to take photographs and videos of myself and/or my pet, and to publish those photographs or videos for any lawful purpose, including, but not limited to, their website, social media accounts, and promotional materials, either digital or in print, in perpetuity.

\_\_\_ TVH may take photos of **ONLY** my pet

\_\_\_ TVH may take photos of me and/or my pet

\_\_\_ TVH may **NOT** take photos of me and/or my pet

Owner’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize TVH to edit, alter, share, remix, tweak, build upon or in any way alter the photograph(s)/video(s) mentioned above. I also waive any rights of privacy or compensation associated with the use of me or my pet’s image(s) and name(s) for the personal or commercial purposes outlined above. I hereby release and discharge TVH from any and all claims arising out of the use of the photo(s)/video(s).

TVH has my permission to use: (Check one)

\_\_\_ Only my pet’s name(s)

\_\_\_ My pet’s name(s) and my last name

\_\_\_ My pet’s name(s) and my first and last name

Pet’s Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_