



Social Media Release Form

I authorize the staff at Wrentham Animal Hospital to use portions of my pet's medical history and record, including personal recollections, radiographs, photographs, videotape images, or other images for public education purposes.

I understand that this information may be used on a television or radio program, in the print media, or on the website of this veterinary practice and/or their Facebook and Instagram pages for public education purposes and agree to its use in that manner.

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 or lawsuit against the above parties with respect to the release of this information including, without limitation, any claims based on negligence of the parties who released the information.

Pet's name: _____

Client's name: _____

Signature of Owner: _____

Date: _____