

Release of Information for Media or Website Publication

Owner Name:

Pet Name:

I hereby give Crosspointe Animal Hospital permission to take photographs and/or video of me and my pet/s for the purpose of posting on Crosspointe Animal Hospital Facebook, Twitter, Instagram, Clinic Website, Clinic Brochure, or other advertising venues.

I **do** wish to be excluded from any photos that may contain my image

OR

I **do not** wish to be excluded from any photos that contain my image.

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

I am above the age of 18. I have read the foregoing document and fully understand its contents.

Signature of Owner or Authorized Agent

Date