



# Parkside Veterinary Hospital

## Photo and Video Release Form

Pet owner's name: \_\_\_\_\_

Pet's name: \_\_\_\_\_

Pictures are worth a thousand words! We'd love to share photos or videos of your pet on our website and/or Facebook page.

Please mark the appropriate box:

I give permission to Parkside Veterinary Hospital to photograph and/or film my pet and share on their website or Facebook page.

I do not give permission to Parkside Veterinary Hospital to photograph and/or film my pet and share on their website or Facebook page.

Date: \_\_\_\_\_

Pet owner's signature: \_\_\_\_\_