



Social Media Release Form

Owner Name: _____ Patient Name: _____ Date: _____

Referring Hospital: _____ Your Veterinarian: _____

On the Spot Veterinary Surgery occasionally features patients on its Facebook page, YouTube channel, other social media sites, and in publications (print or online). We may mention your pet by name but will not disclose your name or personal information. We would be grateful that you'll be helping other pets by educating pet owners and the veterinary community.

I hereby give the On the Spot Veterinary Surgery Team permission to take photographs and videos of me and my pet for the purpose of sharing through the On The Spot Social Media Channels. I release and discharge the On The Spot Veterinary Surgery Team from any and all claims arising out of use of the photos and/or videos.

Please choose one of the following options for social media permissions:

- Yes, On The Spot may mention your pet on social media channels.
- No, please do not share my pet's picture, video or story.

In signing this consent, I give the On The Spot Veterinary Surgery Team permission to utilize photos and/or videos of my pet on social media channels.

Pet Owner Name: _____ Pet Owner Signature: _____

E-mail Address: _____ Phone Number: _____

