

Release of Information for Media or Website Publication

Client's Name: _____ Patient(s) Name: _____

After an explanation of its intended use, I authorize the staff at Jefferson Animal Clinic to release portions of my pet(s) medical history and record, including personal recollections, radiographs, photographs, video images or other images to use with the following media entity(ies):

The Journal of the AVMA _____ The Journal of the AAHA _____

The Journal of Veterinary Internal Medicine _____ Veterinary Surgery _____

The Compendium on CE for the Practicing Veterinarian _____ Veterinary Forums _____

Facebook _____ Jefferson Animal Clinic website _____ VIN _____

Other _____ Accept All _____ Decline All _____

I understand that no names will be used unless specific authorization has been obtained. I also understand that this information may be used on a television or radio program, in the print media, on a brochure or on the Jefferson Animal Clinic website 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 Jefferson Animal Clinic's employees to use such materials for this purpose. I agree not to file any claim for revenue or lawsuit for damages against Jefferson Animal Clinic with respect to the release of this information.

Signature of Owner or Authorized Agent

Date