

Consent to Share

Please use the following form if you would like to give **Arlington Animal Clinic** permission to post photographs/videos of your pet on our website or social media pages.

CONSENT TO SHARE:

I hereby give Arlington Animal Clinic permission to take photographs and videos of my pet for the purpose of posting on social media and the Arlingtonanimal.com website. *

I give my consent

Arlington Animal Clinic has my permission to use: (select all that apply) *

- My pets first name
- Photos/Videos of my pet
- Successful outcomes of procedures/treatment

If you wish to be tagged on our social media posts, please provide us with your preferred social media handles (e.g. 'Instagram: @arlingtonanimaljax') or a link to your social media page.

Pet's Name: *

Owner's Full Name: *

Today's Date:

Month *

Day *

Year *

* Required Field