

# Client/Client Pet(s)

## Publication/Website/Facebook Picture Permission Form

Under the *Freedom of Information and Protection of Privacy Act* it is necessary for Mitchell Veterinary Services/Pauly Veterinary Clinic/Coventry Animal Hospital to obtain consent in order to use photos/video/information/quotes of clients/pets for use on our website or Facebook page with regards to the operation of our hospital.

**Please fill out and sign the appropriate statement to either give or to decline permission to use pictures of you and/or your pet(s) on our hospital websites, Facebook and/or for other hospital publicity. Please return this form to the Website Administrator's office.**

**To GRANT permission to use my or my pet(s) photo/information/biography/quotes:**

I, \_\_\_\_\_ (Please print your name) **GRANT permission** for Mitchell Veterinary Services/Pauly Veterinary Clinic/Coventry Animal Hospital to publish photos and information of myself and/or the following pet(s) (Please print pet or pets names)

\_\_\_\_\_ in the hospital's various forms of publications, or on the hospital's various websites. I give Mitchell Veterinary Services/Pauly Veterinary Clinic/Coventry Animal Hospital the perpetual, royalty-free right to use my photo(s) and/or biography/quotes in any manner including but not limited to publications and websites. I understand that both the various publications and websites have a large audience and my photo/Information and my pet(s) photo/information will be available to the general public. I further understand that Mitchell Veterinary Services/Pauly Veterinary Clinic/Coventry Animal Hospital assumes no liability or responsibility whatsoever concerning any consequences of such use. I further state that I have the right to give this permission as I am 18 years of age or older and am the pet's legal owner. I understand that if I give notice to the Website Administrator that I object to any particular picture or information on the website, it will be removed as soon as possible. Publication of these photos/biographies/quotes may include first names for identification purposes unless I check the box below that I do not give permission for my name or my pet's name to be used.

\_\_\_\_\_ **Please DO NOT include my pet's name(s) with my photo.**

**SIGNED** \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo/date/year

**For a client under the age of 18:**

**SIGNED** \_\_\_\_\_ (Parent/Guardian) Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

**To REFUSE permission to use your or your pet(s) photo/information/biography/quotes:**

I, \_\_\_\_\_ (Please print your name) **REFUSE** to grant permission for Mitchell Veterinary Services/Pauly Veterinary Clinic/Coventry Animal Hospital to publish photos/information/quotes of/by myself and /or my pet(s).

**Privacy Statement:**

This personal information is protected by the privacy provisions of the Information and Protection of Privacy Act (FOIP). If you have any questions about the collection and use of your information, contact the Practice Manager at any of our clinics.