



Patient Photo Consent Form

Patient Name: _____ **Species:** _____
Breed: _____ **Age:** _____
Sex: _____

Owner Name: _____ **Phone:** _____
Address: _____ **Email:** _____

As the guardian/owner or agent for the guardian/owner of _____, as described above, I hereby grant permission for Parkdale Veterinary Clinic to use my pet's name and photo on their social media platforms and website account.

I have fully read & understand all of the above. I wish to indicate my informed consent for the above mentioned photo consent by signing below.

Signature: _____

Date: _____