

Photo and Media Release Form

Animal Health Care Center (AHCC)

Photo & Media Release Form

Client Name: _____

Pet's Name: _____

Phone Number: _____

Email: _____

At AHCC, we love showcasing our amazing patients and sharing their stories! We occasionally take photos and videos of pets in our care for educational, promotional, and social media purposes. We kindly ask for your consent to use images or videos of your pet.

By signing below, I authorize AHCC to use photos and/or videos of my pet for the following purposes:

- Social media (Instagram, Facebook, Website, etc.)
- Educational Materials and Presentations
- Promotional and Marketing Materials
- Internal use for training and documentation

I understand that:

- My pet's name may be mentioned, but my personal information will remain private.
- Images and videos may be used indefinitely unless I revoke my consent in writing.
- AHCC will not sell these images/videos to any third party.

I give AHCC permission to use photos/videos of my pet:

() Yes, I consent

() No, I do not consent

Signature: _____

Date: _____

Thank you for allowing us to share your pet's journey with our community!