



Oceanside

Animal Hospital

Release of Information for Media or Website Publication

After an explanation of its intended use, I authorize the staff at **Oceanside Animal Hospital** to release portions of my named pet's medical history and record, including personal recollections, radiographs, photographs, videotape images or other images to Facebook, Twitter, Website, and Publications.

I understand that this information may be used on a television or radio program, in the print media or on the website of **Oceanside Animal Hospital** for public education purposes and agree to its use in this manner.

I, the undersigned, am interested in educating the public about my pet's condition and medical care and authorize **Oceanside Animal Hospital** and its employees or agents to use such materials for this purpose. I agree not to file any claim or lawsuit against the above parties with respect to the release of this information including, without limitation, any claims based on negligence of the parties who release the information.

All Pet's Names

Signature of Owner or Agent

Date