Permission to Release Veterinary Records

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my permission for release of my pet(s) records, to include but not limited to vaccine records and/or history, to any inquiring vet clinic, boarding facility, or grooming facility.

I understand that my records are to be held confidentially until I, by signing this release, give permission to share those records.

Printed Name(Owner or Agent)

Signature Date

Social Media Release Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my permission for any picture, video, or likeness of my pet(s) \_\_\_\_\_\_\_\_\_\_\_\_\_, to be used by South Side Animal Clinic. Uses may include and are not limited to Facebook or social media posts, website postings, or in advertising. I, also, understand that there will be no form of compensation for use of picture, video, or likeness of my pet.

Printed Name(Owner or Agent)

Signature Date