

Audio/Photo/Video Ongoing Consent Form

Subject's Name (Please Print)

Date

I permit Arbor Pet Hospital to record, own, publish, and republish information about me/my property and reproductions of my likeness and my voice for educational, marketing, and publicity purposes through any media. I acknowledge that the pictures or recordings taken become the sole and exclusive property of Arbor Pet Hospital. I release Arbor Pet Hospital from any and all claims that might arise from the use of these images and recordings.

Signature of Subject (if age 18 or older) Parent or Legal Guardian (if subject is under 18)

Address (please print)

Area Code and Phone Number

If subject is under 18 years old, a parent or legal guardian must write the minor's name as the subject and grant permission by signing on the appropriate line.