



SOCIAL MEDIA CONSENT FORM

I HEREBY GRANT PERMISSION TO THE SMALL ANIMAL CLINIC AT PIEDMONT EQUINE. TO USE IMAGES OF MYSELF, (PRINT NAME BELOW) AND MY PETS. BY GRANTING PERMISSION, I AFFIRM I AM 18 YEARS OF AGE OR OLDER.

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PERMISSION

- ☐ I grant permission for the use of photos of myself and my pets to be used
- ☐ I deny permission for the use of photos of myself and my pets to be used

Signature: _____ Date: _____

- Please return this form to The Small Animal Clinic at Piedmont Equine Practice, Inc. Please notify The Small Animal Clinic at Piedmont Equine Practice, Inc. in writing if you would like to withdraw your permission for the use of images at any time. If a copy of this signed form is not provided, please request a copy from The Small Animal Clinic at Piedmont Equine Practice, Inc.