



## Release of Information for Media or Website Publication

After an explanation of its intended use, I authorize the staff at Central Animal Hospital to release portions of my pet's medical history and record, including personal recollections, radiographs, photographs, videotape images, or other images to the following media entity(ies):

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I understand that this information may be used on a television or radio program), in the print media, or on the website of this veterinary practice and/or the website of the Tampa Bay K9 Rehabilitation Center for public education purposes and agree to its use in that manner. I, the undersigned, am interested in educating the public about my pet's condition and medical care and authorize this veterinary practice, clinicians, employees, students, and/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 released the information.

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Pet's Name

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Breed

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Signature of Owner or Agent

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Date