**Clinical Consult Consent Form**

Name: Dog’s Name:

Address:

Post Code:

Nose To Trail take the protection of your information very seriously. Although we need your contact details, these will be held securely and not made available to anyone outside of Nose To Trail. All data will be treated in compliance with the Data Protection Act 2018.

*Please select from the options below marking the box you select clearly with a 🗹.*

**Data Protection Consent**

|  |  |  |
| --- | --- | --- |
| **I give my consent for:** | **Yes** | **No** |
| Information that I provided about me and, my household and my pets to be stored as required for clinical record keeping purposes for a time period of 7 years | 🞎 | 🞎 |
| Nose To Trail to contact me about activities related to dog training and behavior | 🞎 | 🞎 |
| Within the constraints of offering follow-up support related to the behaviour problems discussed during the consultation I give permission for Nose To Trail to communicate with other members of my household as named in the Pre-Consult Questionnaire. | 🞎 | 🞎 |

***Signed:***  ***Date:***

# **Video and Picture Consent**

|  |  |  |
| --- | --- | --- |
| **I give my consent for:** | **Yes** | **No** |
| Pictures provided by me or taken by the behaviourist to be used for training and teaching purposes | 🞎 | 🞎 |
|  |  |  |
| Pictures or videos taken during training of my dog to be used on social media and in publicity by Nose To Trail | 🞎 | 🞎 |
|  |  |  |
| Pictures or videos taken during training of me or my household members to be used on social media and in publicity by Nose To Trail | 🞎 | 🞎 |

***Signed:***  ***Date:***