



### **Social Media Policy**

Pet Name: \_\_\_\_\_

Pet Owners Name: \_\_\_\_\_

Pet Owners Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

TBL,G takes Pictures and Video's randomly, Pet's at play, fun photo's and photo's posted so that you can check up on your Pet Family without us contacting you while you are away.

#### **Social Media Policy**

I hereby give TBL,G permission to use Photo's and Video's of my pet on Facebook and other Social Media applications. I also grant Permission for TBL'G to publish Photo's and Video's of my pet for promotion of the Organization with Social Media and/or publication or Public Displays.

Please initial one of the below: Approve or Decline

\_\_\_\_\_ I Approve

\_\_\_\_\_ I Decline

I have read and understand the terms set forth above. I agree to the Social Media Policy.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

TBL,G Acting Veterinary Clinic  
Hilltop Animal Hospital  
422 Main St, Malvern, IA 51551