



Pet Owner/Owner Agent for Social Media Release to Knoxville Animal Clinic, LLC as of March 3rd 2015

I grant Knoxville Animal Clinic, LLC permission to post my pet's picture, story, and medical information on social media.

Owner/Owner Agent Signature: _____

Date: _____/_____/_____ (mm/dd/yy)

****To be completed by Knoxville Animal Clinic, LLC Staff ONLY (if applicable)****

Verbal Authorization given via phone or email to KAC, LLC employee name:

Owner(s)/Owner Agent Name Giving Verbal Authorization:

Date and Time of Verbal Authorization for Social Media Release:

Date: _____/_____/_____ (mm/dd/yy)

Time authorization given: _____ (circle one: am or pm)