



P.O. Box 9612 Knoxville, TN 87940
865-309-5160

kareveterinaryservices@gmail.com
kareveterinaryservices.com

Name of Owner: _____

Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Videos and or pictures may be taken during treatment sessions to allow the veterinarian and the owner to watch the animal's progress. These pictures and videos will become part of the pet's permanent medical record. Please indicate which of the following you agree to:

- I authorize the use of my pet's videos and/or pictures for educational use
(Professional Presentations by Dr. Lockerman)
- I authorize the use of my pet's videos and/or pictures for promotional use on the practice's website
- I authorize the use of my pet's videos and/or pictures for promotional use on the practice's Facebook page
- Please do not use my pet's videos and/or pictures for anything other than to supplement their medical record

Signature of Owner

Date

How did you hear about us? (Whom may we thank?)

- Friend: _____
- Internet: _____
- Veterinarian: _____
- Other: _____