

## www.ArizonaVeterinaryOncology.com

## Release of Information for Media or Website Publication

Patient:	
Owner:	
Arizona Veterinary Oncology and PetCure Oncology would love to sha you, your friends, your family, and the community about our company treatments. We would like you to give us permission to release portion personal recollections, radiographs, photographs, videotape images, a copies of letters, cards, or other gifts.	, pet cancer, and cancer s of your pet's medical history,
Your pet's information and photos may be used on a television or radio brochure or on the website and all social media outlets of Arizona Vete Oncology and/or Arizona Veterinary Specialty Center for public educat	rinary Oncology, PetCure
We hope that you will follow us on our social media sites and post pictu	ures and stories of your own.
I, the undersigned, authorize to use my pet's information as outlined al	bove.
Owner's Signature	Date
I am over 21 years of age. YES or NO	
We also would like to be able to communicate with you via email. If you information from us, please let us know the best email address to use.	u would like to receive
Email address(es)	
Would you be willing to fill out a survey about our company? YES or	NO