



Video and Photo Consent Form

Your Name: _____

Dog's Name: _____

Date of Consultation: _____

Recording of the consultation and use of footage:

I give my consent for:

The consultation to be recorded and the footage used *only* for the purposes of the consultation. (Please circle answer) **YES / NO**

The consultation to be recorded and the footage used for training, education and research purposes. (Please circle answer) **YES / NO**

Use of the photographs and video footage:

I give my consent for:

Photographs or video footage that I have supplied to be used for training, education and research purposes. (Please circle answer) **YES / NO**

If used, I would like to be credited (have my name attached to the photo or video) to ensure that I retain copyright. (Please circle answer) **YES / NO**

If I choose YES then how might the photographs and video footage be used?

For the purposes of the consultation:

Being able to look at the content of the consultation and enable the clinician to review observations and information gathered during the consultation.

For training, education and research purposes:

Recordings of the consultation may be viewed by individuals being mentored by the clinician as part of their preparation for accreditation as a Clinical Animal Behaviourist.



Photographs and video footage supplied by you may be used as described above. They may also be used in talks and lectures. Photographs may also be used in educational books and articles.

Photographs and video footage may also be used in research to help further the understanding of dog behaviour and welfare.

Signed: _____ Date: _____

Provision of Photographs or Video Footage

I declare that:

Any photographic or video footage sent to me for the purposes of increasing my experience as part of my training towards accreditation as a Clinical Animal Behaviourist will be used for that purpose and that purpose only and will not be shared with any other individual organisation.

Once I have viewed the photographic or video footage and taken what information I require from it, the footage shall be deleted so that not part of it remains stored on paperwork or on any electronic device.

I will not disclose or discuss with anyone, other than my mentor, any information gathered from the material sent to me that is outside of the specific training or behavioural event context.

Name: _____

Signed: _____

Date: _____