Photograph, Video and Voice Recording Consent Form

Your Name: _____

Dog's Name: _____

Date of Consultation: _____

Recording of the consultation video and audio:

I give my consent for:

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

The consultation to be recorded and 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, video footage and audio recording 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: _____