



The Animal  
Medical Fund  
FOUNDATION

Your generosity. Their hope.



Care@theanimalmedicalfundfoundation.com



708.724.6691

Founder

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WWW.THEANIMALMEDICALFUNDFOUNDATION.COM



## Client Release & Consent Form

### The Animal Medical Fund Foundation

By receiving financial assistance from The Animal Medical Fund Foundation (“AMFF”), I agree to the following:

#### 1. Consent to Photography & Media Use

I grant permission to AMFF to take and use photographs, videos, and/or digital images of myself, my pet, and my family for educational, promotional, and fundraising purposes.

I understand these materials may be used on social media, the The Animal Medical Fund Foundation website, marketing materials, and other public platforms.

I waive any right to compensation or ownership related to the use of these images.

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#### 2. Testimonial & Feedback Consent

I agree to provide feedback regarding my experience with The Animal Medical Fund Foundation and consent to the use of my statements, comments, and testimonials for promotional and educational purposes.

I understand my testimonial may be edited for clarity, while maintaining its original meaning.

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### **3. Medical Information Release**

I authorize the veterinary clinic involved in my pet's care to share relevant medical information, invoices, and treatment updates with The Animal Medical Fund Foundation for the purpose of verifying need and documenting use of funds.

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### **4. No Guarantee of Outcome**

I understand that financial assistance from The Animal Medical Fund Foundation does not guarantee medical outcomes for my pet.

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### **5. Voluntary Participation**

I understand that participation is voluntary; however, receiving funding is contingent upon agreement to these terms to help The Animal Medical Fund Foundation to continue its mission and support other families.

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### **6. Release of Liability**

I release and hold harmless The Animal Medical Fund Foundation, its directors, volunteers, and affiliates from any liability, claims, or demands arising from participation in this program or the use of media and testimonials as described above.

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### **7. Acknowledgment**

By signing below, I acknowledge that I have read, understand, and agree to the terms of this release.

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Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Veterinary Clinic:

\_\_\_\_\_

- I am comfortable having my first name and pet's name shared publicly
- I prefer to remain anonymous (no identifying details shared)