

Photo Release Form

South Patrick
Animal
Hospital

Permission to Use Photograph

Subject: _____

I grant to South Patrick Animal Hospital, its representatives and employees the right to take photographs of me, my pet(s) and my property in connection with the above--- identified subject. I authorize South Patrick Animal Hospital, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that South Patrick Animal Hospital may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Practice Name _____

Address _____

Date _____/_____/_____

Signature, parent or guardian _____