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## Photo Release Form

Permission to Use Photograph

Subject: \_\_\_\_\_

I grant Northview Pet Hospital, its' representatives and employees the right to take photographs of me, me pet[s] and my property in connection with the above-identified subject. I authorize Northview Pet Hospital, its' assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Northview Pet 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 of owner or guardian : \_\_\_\_\_

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

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

Clinic Witness Printed Name: \_\_\_\_\_

Clinic Witness Signature: \_\_\_\_\_

On behalf of Northview Pet Hospital's staff and community –Thank you!