

Photo Release Form

I grant to Towne Center Animal Hospital, its representatives and employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically.

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

Name (please print): _____

Address: _____

City: _____ State: _____ ZIP: _____

Signature: _____ Date: _____