



Photo Release Form

I grant Friendship Animal Hospital, its representatives and employees the right to take photographs of me and my pet(s). I authorize Friendship Animal Hospital, its assigns and transferees to copyright, use and publish the same in print as well as electronically.

I agree that Friendship Animal Hospital may use these photographs of me and/or my pet(s) with or without my name for any lawful purpose, including use on Facebook, on the Friendship Animal Hospital website, in AVImark, and in our clinic.

I have read and understand the above:

Pet's Name(s) _____

Signature _____