



## Photo Release Form

I grant Waleska Animal Hospital, its representatives and employees the right to take and/or use photographs of my pet(s). I authorize Waleska Animal Hospital, its assigns and transferees to copyright, use and publish the same print and/or electronically without compensations.

I agree that Waleska Animal Hospital may use such photographs of me and/or my pet(s) with or without my name and/or my pet(s) 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:

Name of Pet (s): \_\_\_\_\_

Printed name of owner: \_\_\_\_\_

Signature of owner: \_\_\_\_\_

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