



Photo Release

We love working with all our patients and enjoy sharing what we do!

If it is okay with you, we would love to share your animal's photo(s).

First Name: _____ Last Name: _____

Please List Name(s) of Animal(s): _____

I grant Canyon Veterinary Medical Center, Inc. and its representatives and employees the right to take photographs of me and/or my animal(s) and to copyright, use and publish the same in print and/or electronically.

I agree that Canyon Veterinary Medical Center, Inc. use such photographs of me and/or my animal(s) with or without my name and any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content. Such photography will be of the sole purpose for educating the community (or to that effect) or colleagues and shall be used in a manner consistent with good scientific or educational reporting practices.

____ The above may take photos of me and/or my animal(s)

____ The above may NOT take photos of me and/or my animal(s)

Client Signature

Printed Name

Date