

River Falls Veterinary Hospital – Photo Release Form

I hereby grant **River Falls Veterinary Hospital** permission to take photographs of myself and/or my pet, and to publish those photographs for any lawful purpose, including, but not limited to, their website, social media accounts, and promotional materials, either digital or in print, in perpetuity.

By signing and dating this document I authorize **River Falls Veterinary Hospital** to edit, alter, share, tweak, build upon or in any way alter the photograph(s) mentioned above. I also waive any rights of privacy or compensation associated with the use of my or my pet's image(s) and name(s) for the personal or commercial purposes outlined above.

_____ I also grant permission to use my pet's name and tag my Facebook page in the River Falls Veterinary Hospital's Facebook post.

Signature

Date

Printed Name

Pet's Name

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