

Photo Release Form

I hereby give Grayling Hospital for Animals and Roscommon Veterinary Clinic permission to take photographs of me and my pet for the purpose of posting on Grayling Hospital for Animals and Roscommon Veterinary Clinic Facebook, Twitter and Clinic Website.

I hereby release and discharge Grayling Hospital for Animals and Roscommon Veterinary Clinic from any and all claims arising out of use of the photos.

I, (Guardian Name) _____
am above the age of 18, and am able to contract for the minor in the above regard. I have read the foregoing document and fully understand its contents.

Signature: _____

Date: _____

Print Name: _____

Address: _____

Declined: _____