

**Hart Animal Clinic**
1253 Emancipation Hwy
Fredericksburg, Virginia 22401
540-870-9051 - hartanimalclinicfxbg@gmail.com

**Client Information:**Name:
Address:
Phone Number:
Email address:

**Patient Information:**Patient Name:
Breed : Species : Date of birth/age:

**PET PHOTO CONSENT FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby grant Hart Animal Clinic permission to use any photographs taken of myself or my pet, in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become your property and will not be returned. I hereby authorize to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing your programs or for any other lawful purpose. In addition, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby release rights to all claims, demands, and causes to action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf of my estate have or may have by reason of this authorization. In signing this consent, I give authorization to use my name and my pet’s name and information as printed above.

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