

Photo Release Form

I grant to Peninsula Animal Hospital & Orthopedics ,
its representatives and employees the right to take
photographs of me and/or my pet, and to copyright,
use and publish the same in print and/or electronically.

I agree that Peninsula Animal Hospital & Orthopedics
may use such photographs of me and/or my pet with
or without my name and for any lawful purpose,
including, for example, such purposes as publicity,
illustration, advertising, and Web content.

- The above may take photos of me
and/or my pet
- The above may **NOT** take photos of me
and/or my pet

Signature: _____

Printed name: _____

Address: _____

City: _____ State: ____ ZIP: _____

Date: _____

Updated Client Information

Date: _____

Client's Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

How would you prefer to be contacted by our office? (FILL OUT *ALL* THEN CHECK *ONE* PLEASE)

Email (_____)

Telephone (Best contact number: _____)

Text Message (Cell phone number: _____)

Work Place and Phone Number (_____)

U.S. Postal Service Letter/ Postcard

Spouse/Other Last Name: _____ First Name: _____

(If the same as above, please write same)

Address: _____

City: _____ State: _____ Zip: _____

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