

Shiloh Animal Hospital
5321 N Main St.
Dayton, 45415

Photo Release Form

I Grant to Shiloh Animal Hospital, Its representatives and employees, the right to take photographs of me and/or my pet, to copyright, use and publish the same in print or electronically.

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

_____ Shiloh Animal Hospital may take photos of me and/or my pet.

_____ Shiloh Animal Hospital may NOT take photos of me and/or my pet.

Signature: _____

Printed Name: _____

Address: _____

Date: _____