



Photo Form Release

I grant to Prairie Animal Health Centre, 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 to Prairie Animal Health Centre may use such photographs of me or my pet with or without my name (first names only) and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and web content, social media, and facebook.

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: _____ Province: _____ Postal Code: _____

Date: _____