



Creston Veterinary Hospital

“Your Hometown Vet”

Photo Release Form

I, _____, hereby grant the *Creston Veterinary Hospital* permission to take photographs of myself and/or my pet, and to publish those photographs for any lawful purpose, including, but not limited to, their website, social media accounts, and promotional materials, either digital or in print, in perpetuity. I also grant permission to use my name and/or my pet’s name.

By signing and dating this document I authorize the *Creston Veterinary Hospital* to edit, alter, share, remix, tweak, build upon or in any way alter the photograph(s) mentioned above. I also waive any rights of privacy or compensation associated with the use of my or my pet’s image(s) and name(s) for the personal or commercial purposes outlined above.

Signature

Date

Printed Name

Pet’s Name

Daytime and 24 hour Emergency Line:
Email:
Office Hours:

250-428-9494
cvh@crestonvet.com
Monday to Friday 9:00am – 5:00pm
Saturday 9:00am – 12:00pm