



**PET CENTRAL
ANIMAL HOSPITAL**

Photo release form

I do hereby allow Pet Central Animal Hospital to use any photographs taken by Pet Central Animal Hospital of my pet and /or the individual(s) named herein, in Pet Central Animal Hospital print and electronic informational publications released to the general public.

For myself, my child and my pet, I hereby waiver and release any and all rights and claims for damages arising from the use of the photograph.

Pet's Name(s): _____

Name (please print): _____

Signature: _____ Date: _____

Your signature indicates you are 18 years of age or older and you have read and understand all contents of this release.