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| **Photo Release Form**  I grant to \_\_\_\_\_\_\_LV-SM VET HOSPITAL\_\_\_\_\_\_\_\_\_\_\_\_ ,  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 \_\_\_\_\_\_\_\_\_\_ LV-SM VET HOSPITAL \_\_\_\_\_  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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Photo Release Form**  I grant to \_\_\_\_\_\_\_LV-SM VET HOSPITAL\_\_\_\_\_\_\_\_\_\_\_\_ ,  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 \_\_\_\_\_\_\_\_\_\_ LV-SM VET HOSPITAL \_\_\_\_\_  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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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