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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 petSignature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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 petSignature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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