



Photo Release Form:

I grant to Bloomfield Animal Hospital, its representatives and employees the right to take photographs of me and/or my pets, and to copyright, use and publish the same in print and/or electronically.

I agree that Bloomfield Animal Hospital may use such photographs of me and/or my pets 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 pets

- The above may NOT take photos of me and/or my pets

Signature: _____

Printed name: _____

Date: _____