



Photo Release

I hereby give Northtown Animal Hospital permission to take photographs of me and my pet for purpose of posting on Northtown Animal Hospital's social media and Website.

I hereby release and discharge Northtown Animal Hospital from any and all claims arising out of use of the photos.

I am above the age of 18. I have read the foregoing document and fully understand its contents.

Signature:

Date:

Print name:

Address:

Pet's name: