

**Photo release form**

I grant to West River Valley Veterinary Services, 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 also grant to West River Valley Veterinary Services, its representatives and employees the right to use photographs of me and/or my pet that I have taken and give to West River Valley Veterinary Services, and to copyright, use and publish the same in print and/or electronically.

I agree that West River Valley Veterinary Services 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 website content.

- West River Valley Veterinary Services **may** take photos of me and/or my pet
- West River Valley Veterinary Services may **NOT** take photos of me and/or my pet

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete and sign the form above and deliver, mail or fax to:

West River Valley Veterinary Services  
720 Vermont Route 30, Newfane VT 05345  
email: thevalleyvet@svcable.net  
fax (802) 365-7019

Thank you!