

Photograph Consent Form

I hereby grant permission to *Spring House Animal Hospital* to use pictures and/or video of my pet(s) and the use of my pet's name(s) for social media, website, and print use.

I understand that these could be used at any time, without notification.

I understand that there will be no compensation for the use of these images/videos.

Pet(s) Name: _____

Your Name: _____

Address: _____

Phone Number: _____

Sign: _____ Date: _____