



Pet Photography Release Form

I hereby authorize, Cal City Pet Clinic, to publish photographs taken of my pet during any procedure, for the use in Cal City Pet Clinic's print, online, and video based materials, as well as other Cal City Pet Clinic publications.

I hereby release and hold harmless Cal City Pet Clinic from any reasonable expectation of privacy or confidentiality associated with the images obtained during the procedures.

I further acknowledge that my participation is voluntary, and I will not receive financial compensation of any type associated with the take or publication of these photographs or participation in Cal City Pet Clinic marketing, educational, informational materials or other publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Cal City Pet Clinic, its contractors, its employees, and any third parties involved in the creation or publication of marketing, educational, and informational materials, from liability for any claims by me or any third party in connection with my participation.

Authorization

Print Name: _____ **Pet's Name:** _____

Signature: _____ **Date:** _____

Witness Name: _____

Witness Signature: _____