



Littlestown Veterinary Hospital Photo Release Form

I, the undersigned, do hereby consent and agree that Littlestown Veterinary Hospital, its employees, or agents have the right to take photographs, videotape, or digital recordings of my pet(s) and release all rights to exhibit this work in print and electronic form publicly or privately.

I also understand that Littlestown Veterinary Hospital is not responsible for any expense or liability incurred as a result of my or my pet(s) participation in any photographs and/or recordings.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name (Print): _____

Date: _____

Signature: _____