



Atlanta Animal Hospital

Permission to Use Photograph

Pet's Name(s):

I grant to Atlanta Animal Hospital, its representative(s) and employee(s) the right to take photographs of me and my pet(s). I authorize Atlanta Animal Hospital, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Atlanta Animal Hospital may use such photographs of me and/or my pet(s) with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Printed Name: _____

Date: _____

Signature: _____

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