



**DIAMOND HILL
ANIMAL CLINIC**

Diamond Hill Animal Clinic
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Date:

Diamond Hill Animal Clinic
Owner/Pet Photo Release Form

Permission to Use Photograph

I grant to Diamond Hill Animal Clinic, its representatives and employees the right to take photographs of me and/or my pet. I authorize Diamond Hill Animal Clinic, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Diamond Hill Animal Clinic 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 Web content.

I have read and understand the above:

Details of patient:

Name of Pet: Sex: Age:

Species: Breed:

Details of owner or authorized agent:

Name:

Signed:

Address:

Phone number: