



VCA San Francisco Veterinary Specialists Photograph/Video Release Form

I hereby grant VCA San Francisco Veterinary Specialists (VCA SFVS or the hospital) permission to use my likeness and/or my pet's/pets' likeness in photograph(s)/video(s) in any and all of its publications and in any and all other media, whether now known or hereafter existing.

This release relates to photographs/videos intended for use in any hospital publication or a marketing or public relations nature, such as newsletters, brochures, websites/blogs/social networking sites, promotional items or other such material.

I will make no monetary or other claim against VCA SFVS for the use of photograph(s)/video(s).

Name (print full name): _____

Signature: _____

Date: _____

Pet name: _____

Relation to pet: _____

Address: _____

City, State, ZIP: _____

Telephone: _____

Email: _____

Requested by: _____

Special Instructions: _____