

Media Consent Form

I grant to Lehigh Valley Animal Hospital, its representatives and employees the right to take photographs of my pet and publish the same in print and/or electronically.

I agree that Lehigh Valley Animal Hospital may use such photographs of my pet for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and web content.

(Signature of Owner)	(Date)	
(Printed Name of Owner)		
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(1 et 8 tvante)		
(Pet's Name)	A. A. C.	
□ The above may NOT take photos of my pet		
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☐ The above may take photos of my pet		