



Prairie Veterinary
DENTAL SERVICES

PVDS Photograph/Video Release Form

I hereby grant PVDS 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 PVDS for the use of photograph(s)/video(s).

Date:

Name:

Signature:

Pets Name:

Relation to pet:

Address:

City:

Postal Code:

Phone:

Email:

Requested by:
