| PHOTO/VIDEO RELEASE FORM | | | | | |
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| I hereby give permission for images of my pet, captured during their stay at Bailey Veterinary Clinic through video or photo, to be used solely for the purposes of Facebook promotional material and publications, and waive any rights of compensation or ownership thereto. | | | | | |
| Name of Participant (please print): | | | | | |
| Name of Pet (please print): | | | | | |
| Owner Signature: | | | | | |
| Date: | | | | | |
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