



Bayside Veterinary Care

PHOTO PERMISSION FORM

I, _____, hereby give Bayside Veterinary Care, Inc. permission to use my pet _____'s likeness in photography for publications, promotional purposes, social media, website, media press releases and coverage, and any other such purpose on behalf of Bayside Veterinary Care.

I understand that neither I, nor my pet, will receive compensation for the use of this likeness in any form.

Signature of Pet Parent

Date

Bayside Veterinary Care, Inc.
Jennifer Trachtman, DVM Caroline Nelson, DVM
233 Waseca Avenue
Barrington, RI 02806
(401) 310-0346