

Pet/owner name \_\_\_\_\_

## Video & Photo Release Form (1 form per family)

I hereby grant **Sophia Yin, D.V.M., M.S.** the absolute right and permission to copyright, use, re-use, publish, and republish videos, photographic portraits or pictures of **me (signature below), and /or my pets (listed below), and/or my children under 18 years of age** taken during animal behavior consultations, training sessions, and in relation to other animal-behavior contexts.

The images may be included in whole or in part without restriction as to changes and the images may be exhibited with **my own name or a fictitious name**. The photos and videos may be used for advertising, marketing, educational, trade, or any other purposes whatsoever.

I hereby waive any right that I may have to inspect or approve the finished product or products or the advertising copy or printed matter that may be used in connection.

If my pet(s) behavior case information or our images are used in public:

- a) State whether you would like a fictitious name used or your have no preference on the name(s) used for you, your pets, your family members \_\_\_\_\_

I hereby release **Sophia Yin** and her legal representatives, assigns, and all persons acting under her from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form.

### Pets included in this release

Pet's Name	Species	Breed	Color

Pet/owner name \_\_\_\_\_

## Video & Photo Release Form (1 form per family)

### Children (under 18) included in this release

Name	Age	Gender

### Name & Address of one adult who has Legal Guardianship over all of the dogs and children listed above

Name \_\_\_\_\_ Signature \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_ Date \_\_\_\_\_  
E-mail Address \_\_\_\_\_

### Name and Signature of ALL related adults who consent to being videotaped or photographed.

Name (printed) & address if different from above	Signature	Date