PHOTOGRAPHY SESSION AGREEMENT

Clinic Name: _____

Contact at Clinic: _____

Date of Photography Session: _____

Time of Photography Session: _____

On Location:

Note: We will take pictures **one** time. We will arrive at the agreed upon date/time. Photography sessions last around an hour, so please make sure of the following

1. All doctors and staff are aware what day the photo session is taking place.
   - *If any doctors/staff are **not** present at the time of the photo session, they can email their pictures to us whenever convenient.*

2. We will be photographing the following services:
   - *If you'd like a service photographed, please make sure that it can be scheduled or staged while we are there. Please check services offered so our photographer can ensure they are photographed*

	Acupuncture		Large Animal
	Boarding		Laser Surgery
	Chemotherapy		Laser Therapy
	Dental Care		Microchipping
	Dermatology		Nutritional Counseling
	Digital or Standard Radiography (please circle one)		Pain Management
	Emergency Services		Pharmacy
	Grooming		Rehabilitation
	Heartworm Testing		Reptiles
	Hospice/Euthanasia		Reproductive Services
	Immunotherapy		Surgery
	In-clinic Diagnostics		Ultrasound
	Intensive Care		Wellness Programs

Note: If your practice offers a service that is not listed above, please add it in the blank spaces above.

Your Signature:_____

By signing this document, you are confirming that you have read over this document in its entirety.