COUNTRYSIDE ANIMAL HOSPITAL, INC.
& LASER SURGERY CENTER

Testimonial, Video and Photograph Release Form

14285 N. 72nd Ave – Merrill, WI 54452 – Tel (715) 536-8557 – Fax (715) 536-8658

The Experiences and opinions of our clients are very important to us. For that reason we would appreciate if you would take a moment to tell us about your experiences with our practice. **Countryside Animal Hospital, Inc.** may use this information for future marketing and promotional material. We thank you for choosing us for your pet's healthcare needs and for taking the time to share your experiences.

Testimonial Statement: Describe your experience with our practice. (Services, People, Products, Etc.)

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Authorization and Release Information

I understand that my testimonial as outlined above (The "Testimonial") in whole or in part, any photograph(s) (The "Photograph(s)"), or video footage (The "Video") are made or provided on behalf of Countryside Animal Hospital, Inc. (hereinafter called "The Company") may be used in connection with publicizing and promoting The Company. I authorize The Company to use my name, The Testimonial as defined on this form, and The Photograph(s) if provided.

I hereby irrevocably authorize The Company to copy, exhibit, publish or distribute The Photograph(s), The Video, and The Testimonial for purposes of publicizing The Company's services or for any other lawful purpose. These statements, video and photograph(s) may be used in printed publications, advertisements, on The Company's website or any other distribution media. I agree that I will make no monetary or other claim against The Company for use of The Photograph(s), The Video, or The Testimonial.

In addition, I waive any right to inspect or approve the finished product, including written copy, wherein The Photograph(s), The Video, or The Testimonial appear.

I hereby hold harmless and release The Company from all claims, demands and causes of action, which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I have read the authorization and release information, and hereby give my consent for the use as indicated above.

Signature: _____

Printed Name: _____

Telephone:_____ Email:_____

Address:_____ City, State, Zip:_____