

**Dr. Paws Therapy Dogs Inc.
PHOTO AUTHORIZATION FORM**

Please print or type legibly using black ink

This form is an authorization for Dr. Paws Inc. representatives to take photographs of me.

Signature of Resident or Participant Date

Signature of guardian (if needed) Date

Signature of Facility Representative (if applicable) Date

Facility Name _____

Facility Address _____

This photo may be used in the following manner:

Dr. Paws Inc. Printed Materials

Dr. Paws Inc. Website

Any Publication Desired

Please return this signed and dated form with any photos you submit for Dr. Paws Inc. use.

To

Dr. Paws Therapy Dogs, Inc.

30072 Wicklow Rd.

Farmington Hills, MI 48334