

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

Please print or type legibly using black ink

This form is an authorization for Therapy Dogs 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:

- Therapy Dogs Inc. Printed Materials
- Therapy Dogs Inc. Website
- Any Publication Desired

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

Therapy Dogs Inc.  
PO Box 20227  
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877-843-7364