

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.
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