



Success Story/Photo Release Form

Dog Owner's Information	
Owner's Name:	
Address:	
Phone #:	
Email:	
Preferred Method of Communication:	

Dog's Information	
Dog's Name:	Date of Birth:
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Breed/s:
Before, my dog had these physical issues:	
Some of the treatments we had before:	
My dog's response to Canine Rehabilitation Treatment:	
Now my dog can:	
Other:	
<i>I hereby grant Black Dog Rehab permission to use my likeness for business promotional purposes in photographs and/or video in any and all of its publications, including Web space, and in any and all other media, whether now known or hereafter existing, controlled by Black Dog Rehab, in perpetuity, and for other use by the canine physical therapist business whose services my dog has benefited from. I will make no monetary or other claim against Black Dog Rehab or the use of the photographs and/or video.</i>	
Name (print full name) _____	
Signature _____	Date _____

Please sign and return by fax to: 406-222-4681, email to: buzzmemedia@gmail.com or mail to BDR at: 315 South Main Street, Livingston, MT 59047. *Thanks so much!*