



## IMAGE DISTRIBUTION FORM

Please fill in required fields as marked \*

After filling in form print and fax to:

**Avenel Reception: F +61 3 5796 2477**

or email to: [info@avenelequinehospital.com.au](mailto:info@avenelequinehospital.com.au)

I \_\_\_\_\_ of \_\_\_\_\_

Being the owner/agent of the below named animal, hereby authorise Avenel Equine Hospital to copy/electronically distribute images taken on

(Date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ of the described animal below:

Name/Breeding: \_\_\_\_\_

Breed: \_\_\_\_\_

Brands NS: \_\_\_\_\_ OS: \_\_\_\_\_

Colour: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

These images are to be sent to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

I understand that there may be a fee charged for this service and hereby agree to pay the prescribed fee.

Print name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_