



Therapaws of Michigan, Inc.

Sharing the Human-Animal Bond Through Canine-Assisted Therapy
PO Box 92, Dexter, MI 48130 | www.therapaws.org | info@therapaws.org

Photo Authorization Form

Participant's Name _____

Facility Name _____

Facility Address _____

Please consider this form as authorization for representatives of Therapaws of Michigan, Inc. to use photographs of me taken during one of their pet therapy visits. This photo may be used in the following manner:

_____ Therapaws Printed Materials

_____ Therapaws Website

Signature of Resident or Participant

Date

Signature of Guardian (if needed)

Date

Signature of Facility Representative

Date

Name of Therapaws Team Member & Dog

Contact Info

Note: All Therapaws dogs must be kept on leash during visits, even while photographs are being taken. If need be, ask a staff person to take the photograph.

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