Photo and Story Release

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Pet Owner Signature Date

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Pet Owner Print

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Address

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City, State ZIP

(__) _____
Phone Number

Pet Name(s): _____

Underwritten by:
Veterinary Pet Insurance Co. (CA)
National Casualty Co. (Nat'l)

RETURN TO:
Veterinary Pet Insurance
Attn: Grant Biniasz
3060 Saturn Street
Brea, CA 92821

Direct Inquiries to:
DVM Insurance Agency
(714) 989-0555

800-USA-PETS
(800) 872-7387
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