



IMAGE DISTRIBUTION FORM

After filling in form - print and fax to:
Scone Reception: F +61 2 6545 3232
or email to: consents@sconeequine.com.au

I _____ of _____

Being the owner/agent of the below named animal, hereby authorise Scone 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: ____ / ____ / ____