



Pack Leader, Plus...

Bonded and Insured

314-952-6900

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Key Return Form

Client Name: _____

Service Address: _____

Date: _____

Number and Type of Keys Returned:

____ House Keys Number of Keys ____
____ Mail Box Keys Number of Keys ____
____ Padlock Keys Number of Keys ____
____ Other Number of Keys ____

*Description: _____

____ Garage Door Remote Number: _____

Reason for return of items:

____ Client requested return after pet care provider leaves
____ Service agreement terminated, effective date: _____

____ Other, describe below:

Signature of Receipt:

I acknowledge that I have received the above items, which are my property, and release Pack Leader, Plus... from safeguarding these items or any liability, as they are no longer in their possession.

Client

Date Today