



## Pack Leader, Plus...

Bonded and Insured

314-952-6900

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### Senior or Illness Form

Owner's Name (print): \_\_\_\_\_

Pet's primary vet: \_\_\_\_\_

\_\_\_\_\_

This is to inform you that I have an agreement with Pack Leader, Plus... to care for my pet(s). I understand that my pet(s) are at risk for complications to health or death while under the care of my pet care provider due to the following:

Pet 1 \_\_\_\_\_ Reason: \_\_\_\_\_

Symptoms: \_\_\_\_\_

On Meds? \_\_\_\_\_ Treatments? \_\_\_\_\_

Pet 2 \_\_\_\_\_ Reason: \_\_\_\_\_

Symptoms: \_\_\_\_\_

On Meds? \_\_\_\_\_ Treatments? \_\_\_\_\_

\_\_\_\_\_

Please use the payment information below for emergency veterinarian services rendered by any available veterinary providers:

Credit Card: Visa Mastercard Discover AmEx

Name on Card: \_\_\_\_\_

Card number: \_\_\_\_\_ Exp \_\_\_\_\_

3 digit V-code on back: \_\_\_\_\_

\_\_\_\_\_  
Signature of authorized card holder (shown above) Date today (shown above)