



## Pack Leader, Plus...

Bonded and Insured  
314-952-6900

[brooke@packleaderplus.com](mailto:brooke@packleaderplus.com)

### Veterinarian Notification

Pet Owner's Name (print): _____
Animal Hospital/Vet Clinic: _____
Veterinarian(s): _____
Phone # of Vet: (        ) _____ - _____
Address of Vet: _____ _____
Alternate Location: _____

This is to inform you that I have an agreement with Pack Leader, Plus... to care for my pet(s). Should any of my pet(s) require medical attention while under the care of my pet care provider, I authorize you to render services and treatment, with the following exclusions:

\_\_\_\_\_

I will be responsible for the payment of all veterinarian services.

(Signature of authorized pet owner in space above)	(Date today)
Credit Card information: Visa    Mastercard    Discover    AmEx	
# of card _____	Exp _____
V-code on back _____	

Name of Pet(s)

1. \_\_\_\_\_ Breed \_\_\_\_\_ 2. \_\_\_\_\_ Breed \_\_\_\_\_  
3. \_\_\_\_\_ Breed \_\_\_\_\_ 4. \_\_\_\_\_ Breed \_\_\_\_\_

In the event of a pet(s) death during your absence, what arrangements should be made for the animal's remains (cremate, keep ashes, hold body by vet, etc.)

\_\_\_\_\_

Should my pet be injured, ill or die, I wish to be notified immediately by Pack Leader, Plus... and the veterinarian's office. Y or N (circle one)