

Pack Leader, Plus...

Bonded and Insured

(636) 333-2224

HYPERLINK "mailto:brooke@packleaderplus.com" brooke@packleaderplus.com

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 my veterinary provider. Pack Leader, Plus will only use your cc info if we cannot call you or your emergency contact person: Pack Leader, Plus... will call you immediately with anything that happens, prior to incurring a vet bill.

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)

*Christian Owned and Operated