

Pack Leader, Plus...

Bonded and Insured

(636) 333-2224

HYPERLINK "mailto:brooke@packleaderplus.com" 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:

****Only supply Credit Card information, if you are out of country or on a ship**
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)

*Christian Owned and Operated