



Member Number: _____

Pack Leader Pet Services, LLC

VETERINARIAN AUTHORIZATION

Veterinarian: _____

Address: _____

City: _____ State: _____ ZIP : _____

Pet(s) Name: _____

During my various absences, *Pack Leader Pet Services, LLC* will be caring for my animal(s). They have my permission to transport them to and from your office or, in the case of large animals, request "on site" treatment from your office as is deemed necessary. I authorize you to treat my animal(s) and I will be fully responsible for **all fees and charges** and will pay for all charges incurred on my behalf upon my return. I further authorize you to give out any information about my animal(s) to Lisa De La Paz, the owner of *Pack Leader Pet Services, LLC*. *Client Initials* _____

Pack Leader Pet Services, LLC Urgent Veterinary Treatment Authorization

This form will be retained on file and will be used to authorize **urgent** veterinary treatment in the event that your pet(s) require such treatment during your absence and we are unable to contact you at the time. Should you change vets please notify Pack Leader Pet Services, LLC before service dates.

To whom it may concern: I have contracted for services from Pack Leader Pet Services, LLC during my absence and I authorize Pack Leader Pet Services, LLC to act on my behalf to request veterinary treatment and services when they deem it necessary. I accept full responsibility for charges incurred in the treatment of my pet(s):

Special Instructions: _____

Pack Leader Pet Services, LLC reserves the right to utilize the services of any available veterinary clinic.

I authorize you to treat my animal(s) and I will be fully responsible for all fees and charges and will pay for all charges that are incurred on my behalf, immediately upon my return.

Print Name

Date

Signature
