



SNAP CLIENT INFORMATION SHEET

Thank you for giving us the opportunity to care for your pet(s).

Please complete the following information so that we may become better acquainted.

Responsible party must be at least 18 years of age.

RESPONSIBLE PARTY:

Date: _____

Name: _____

Address: _____

City/State: _____ Zip: _____

Primary Phone: _____

E-Mail Address: _____

Driver's License Number: _____ Expiration Date: _____

OR

Social Security Number: _____

FINANCIAL POLICY

Payment for services is DUE AT THE TIME OF SERVICES RENDERED. We accept **Cash, Checks, Visa, MasterCard, Discover, and Care Credit**. WE DO NOT DO ANY BILLING. Returned checks will be subject to a \$35.00 NSF Fee.

Please indicate preferred method of payment: cash check credit card

Signature: _____