



An Integrated and Compassionate Approach

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Client Information

Your Name: _____ Cell: _____
Last First

Spouse/Other: _____ Cell: _____
Last First

Address: _____ City _____ Zip _____

Phone: (Home) _____ (Work) _____ (Other) _____

Email: _____ (for ATW newsletters and patient reminders)

Employer: _____ Occupation _____

If paying by check, we need the following: **Drivers License#:** _____ Birthdate: _____

Patient Info:

Name: _____ Species: _____ Breed: _____ Color: _____

Birthdate: _____ Sex: M / F Spayed/Neutered? Y / N

Name: _____ Species: _____ Breed: _____ Color: _____

Birthdate: _____ Sex: M / F Spayed/Neutered? Y / N

How did you hear about us? (Circle one) Drove by / Yellow pages / Friend / Internet
Other (Please explain) _____

Whom may we thank for referring you? _____

Do you have pet insurance? YES ___ NO ___ If yes, through which company? _____

If NO, are you interested in learning about pet insurance and/or a free 30 day trial with Trupanion? YES ___ NO ___

I accept financial responsibility for all services rendered and agree to pay fees at the time these services are performed; failure to do so may result in interest and collection fees. I understand that a fee of \$25.00 will be incurred for each missed *appointment or cancellation less than 24 hours* prior to appointment.

Signed: _____ **Date:** _____