



New Client and Patient Registration

Thank you for allowing us to care for your pet.
To help us provide the best care possible,
please fill out this form as completely as you can.

**3125 S. 61st Ave
Omaha, NE 68196
Phone #402-934-1332
email: info@siriusvet.com**

Pet Parent/Client Name: Mrs / Mr / Ms / Dr _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone # _____ Cell # _____

Work # _____ email: _____

DL# _____ State: _____ Exp. Date: _____

Co-Pet Parent/Client Name: Mrs / Mr / Ms / Dr _____

Home phone # _____ Cell # _____

Work # _____ email: _____

Preferred method of contact : Phone Email Text Message

Referring Veterinarian: _____

Clinic Name: _____ Phone # _____

Patient's Name: _____ DOB/Age: _____

Species (Canine, Feline, etc.) _____ Breed: _____

Color: _____ Female Spayed

Male Neutered

How did you first hear about us? Family-Veterinarian Web-search Event Ad

Facebook Family/Friend Sirius mobile car

I, the undersigned, assume financial responsibility for all charges incurred, and agree to pay all such charges at the time services are rendered or as arranged prior to examination and/or treatment. I also understand that out-of-state checks and third party credit cards are not accepted.

Owner/Agent Signature: _____ Date: _____

I authorize Sirius Veterinary Orthopedic Center and its representatives to utilize this pet's name, photos, and case information for learning and marketing purposes, including, but not limited to: social media, website, lecture and marketing related materials. Yes ___ No ___