



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.

**10810 Harney St.
Omaha, NE 68154
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: _____

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

Home phone # _____ Cell # _____

Work # _____ email: _____

Preferred method of contact : Phone Email Text Message

Patient's Name: _____ **DOB/Age:** _____

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

Color: _____ Weight: _____ Female Spayed Male Neutered

Referring Veterinarian: _____

Clinic Name: _____ Phone # _____

Do you have pet insurance? Yes No

If Yes, which company? _____ Policy number: _____

Where have you seen or heard 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 personal 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:

- Social media, website and other marketing related materials Yes _____ No _____
- Lecture and other educational related purposes Yes _____ No _____