



**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](mailto: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 \_\_\_\_\_