



BUTLER ANIMAL CLINIC  
7545 Oak Ridge Highway  
Knoxville TN 37931



**PET REGISTRATION AND HISTORY**

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to complete this form.

**OWNER(S) NAME:** \_\_\_\_\_  
(Last) (First) (Initial)

**ADDRESS:** \_\_\_\_\_  
(City) (State) (Zip)  
(Apt. #)

**PHONE NUMBER:** Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_  
Work: ( ) \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

\*\*\*\*\*

**PET'S NAME** \_\_\_\_\_ **BREED** \_\_\_\_\_

**M\_F** \_\_\_\_\_ **SPAYED/NEUTERED** \_\_\_\_\_ **COLOR** \_\_\_\_\_ **DOB** \_\_\_\_\_

**CURRENT MEDICATIONS and DIET** \_\_\_\_\_

\*\*\*\*\*

**PET'S NAME** \_\_\_\_\_ **BREED** \_\_\_\_\_

**M\_F** \_\_\_\_\_ **SPAYED/NEUTERED** \_\_\_\_\_ **COLOR** \_\_\_\_\_ **DOB** \_\_\_\_\_

**CURRENT MEDICATIONS and DIET** \_\_\_\_\_

\*\*\*\*\*

**PLEASE NOTE: OUR POLICY IS PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED. THIS CLINIC DOES NOT DO BILLING OR PAYMENT PLANS.**

I hereby authorize the veterinarian to examine, prescribe for and or treat the above pet(s). I assume responsibility for charges incurred in the care of this animal and agree to pay Butler Animal Clinic for all charges.

\_\_\_\_\_  
**SIGNATURE OF OWNER** \_\_\_\_\_  
**DATE**