



# Callfield Companion Animal CLINIC

4304 Callfield Road  
Wichita Falls, Texas 76308  
www.callfieldcompanion.com  
callfieldcompanion@gmail.com  
**Phone (940) 692-7000**

Please use a separate sheet for each pet

How did you hear about our clinic? \_\_\_\_\_

Owner's Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Numbers \_\_\_\_\_

Owner's Employer \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Pet's Name \_\_\_\_\_  Dog /  Cat •  Male /  Female •  Date of Birth or Age in Years \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Has this pet been neutered or spayed?  Yes /  No

If your pet is a DOG, when was it last vaccinated for:

Rabies \_\_\_\_\_

DHPP (Distemper / Parvo) \_\_\_\_\_

Bordetella (Kennel Cough) \_\_\_\_\_

Heartworm Test \_\_\_\_\_

If your pet is a CAT, when was it last vaccinated for:

Rabies \_\_\_\_\_

FVRCP (upper respiratory / Distemper) \_\_\_\_\_

FeLV (Leukemia) \_\_\_\_\_

**Callfield Companion Animal Clinic  
has an in-house pharmacy.  
Therefore, we do not participate  
with other pharmacies**

**Would you prefer to have your pet reminders:** (Choose One)  
 Emailed (email address): \_\_\_\_\_  
 Delivered by U.S. Postal Service

PLEASE NOTE: We will gladly prepare a written estimate for products or services if you desire. Without exception, payment is due at the time services are rendered. We do not send statements, hold checks, extend credit, or offer delayed billing. Payment options include cash, personal check, Visa, MasterCard and Discover.

*I, acting as the owner or agent of the owner of the above pet, authorize the staff of Callfield Companion Animal Clinic to examine, test, and treat the above pet as deemed necessary. I understand that I am responsible for all charges incurred in the care of this pet and that these charges will be paid for by me at the time services are rendered. I also understand that Callfield Companion Animal Clinic makes no guarantee for successful treatment or positive outcome.*

Signature of Owner or Agent for the Owner \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_