**Spay/Neuter Application**

**Cody’s Clinic at SPCA Westchester**

**590 North State Road, Briarcliff Manor, NY 10510**

*Please note, we will try our best to get you in for your appointment on time, however, due to the nature of the process, there may be a wait upon arrival and/or discharge.*

**Drop off time MUST be at 8:30 and pick-up time MUST be at 3:00** *these set times are not flexible).*

*We require that you wear a mask to your appointment.*

*Cats must be in a carrier; small dogs preferably in a carrier, or if not, on a leash; and all other dogs must be on a leash.*

**You must be readily available by phone the day of your appointment***.*

**The following forms *AND* up-to-date vaccination records *MUST* be completed and emailed (Word or PDF documents only) to** **clinic@spcawestchester.org****, dropped off, or faxed back to us (914) 762-8312 prior to your appointment. If they are not, your appointment will be cancelled.**

*(IN YOUR REPLY EMAIL, YOU MUST INCLUDE A COPY OF YOUR PET’S VACCINE RECORDS THAT SHOW THE DUE DATE FOR THE RABIES VACCINE AND THE DISTEMPER VACCINE – THESE TWO VACCINES ARE REQUIRED FOR THE SURGERY – IF YOU DO NOT PROVIDE THIS DOCUMENTATION, WE WILL ADMINISTER THE VACCINES AT YOUR EXPENSE.*

***\*Please note that YOU are responsible for obtaining these records from your vet\****

Appointment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_

Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address *(required)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Currently a client of Cody’s Clinic? Yes \_\_\_\_\_ No\_\_\_\_\_

If yes, please list date and service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Animal: \_\_\_ Cat \_\_\_ Dog Breed: \_\_\_\_\_\_\_\_\_\_\_\_ Color:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_ Male \_\_\_ Female

\*\*Do you acknowledge that you will be charged a mandatory exam fee of $35?\*\*

\_\_\_ Yes \_\_\_ No

**Medical Record (please put an “X” next to your answer:**

* Do you have an up-to-date rabies certificate you can provide us with?

\_ Yes \_ No

* Please describe the temperament of your pet (friendly, shy, aggressive, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Does your pet have any known medical issues, allergies, vaccine reactions, or is he/she currently on any medications? \_ Yes \_ No

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Have you noticed any increase or decrease in appetite or thirst?

\_ Yes \_ No

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Have you noticed any vomiting, diarrhea, coughing, sneezing, lethargy, limping or itching?

 \_ Yes \_ No

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Has your pet bitten anyone in the past 10 days? \_ Yes \_ No

***Please confirm that you have read each question in the*** ***space provided****:*

* If deciduous (puppy/baby teeth) are present they will be removed at the time of procedure. The cost is $20 per tooth. \_\_\_\_\_\_\_\_\_\_ (please initial)
* If ear mites are present, ears will be cleaned, and ear mite medication administered for an additional fee of $30. \_\_\_\_\_\_\_\_\_\_ (please initial)
* If fleas are present, we will treat with a combination of oral and topical medication for an additional fee of $20. \_\_\_\_\_\_\_\_\_\_(please initial)

\*Additional measures may need to be taken for the home environment.

* If your pet is in heat, pregnant, cryptorchid or has a hernia an additional fee of $50-$100 \_\_\_\_\_\_\_\_\_\_(please initial)

***FOR DOGS/CATS*:** Would you like to purchase ($10-$15) an e-collar for your cat or dog to go home with (this is a plastic cone worn that will help prevent your pet from licking the surgical site and is highly recommended)?

\_\_ Yes \_\_ No

***FOR DOGS ONLY:*** Would you like to purchase pain medication for your dog to go home with (the cost is $25 (for a 3-day supply and is highly recommended)?

\_\_ Yes \_\_No

*\*If you choose to get pain medication, please read the included “Pain Medication Release Form”. Once you have read the form,* ***PLEASE INITIAL BELOW*** *that you understand the side effects of pain medication and that you wish to administer them to your pet post-surgery \_\_\_\_\_\_\_\_(please initial here).*

*\*Not applicable to cat spays/neuters – a time released pain medication injection is administered at the*

*time of surgery*

To the best of my knowledge, the information stated on this form is true and accurate.

E-Signature of owner: x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please put an “X” next to the services you would like for your pet today:***

**Dog Services**:

\_$30 DHPP/Distemper

\_$30 Bordetella (Kennel Cough)

\_$45 4DX (Heartworm/Lyme/E.Canis) Blood Test

\_$30 Rabies Vaccine

\_$45 Lyme Vaccine

\_$35 Lepto Vaccine

\_$45 Canine Influenza

\_$35 Microchip

\_$15 Dewormer (Liquid/Pill)

**Cat Services**:

\_$30 FVRCP/Distemper

\_$40 FELV Vaccine

\_$30 Rabies Vaccine

\_$55 FELV/FIV Blood Test

\_$20-35 Profender (1yr Dewormer)

\_$35 Microchip

\_$15 Dewormer (Liquid/Pill)

**Authorization for Sterilization Surgery and other Procedures**

I, the undersigned, have read and understand this entire page and authorize SPCA Westchester, Cody’s Clinic to anesthetize, perform sterilization surgery, dentistry, or other related medical care [“Procedure”] to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (animal name or description “dog /cat”). I agree to pay according to the fee schedule set up by the shelter or humane society that arranged the procedure.

I understand there are medical risks associated with anesthesia and the procedure, including but not limited to infection, hemorrhage, allergic reaction, anesthetic drug reaction, anesthesia-induced cardiac compromise, and death. I understand that SPCA Westchester, Cody’s Clinic will perform a physical exam but not perform a comprehensive cardiac exam, other diagnostic tests, or bloodwork prior to the procedure. I understand that there are increased risks since SPCA Westchester, Cody’s Clinic will not perform extensive pre-operative diagnostic evaluations. I further understand that there are additional risks if the pet is not current on recommended vaccines.

**I will hold harmless SPCA Westchester, Cody’s Clinic, its officers, veterinarians, technicians, volunteers, and agents for any problems experienced by the animal because of the procedure or the above risk factors. I further agree to hold harmless the animal shelter or humane society that scheduled the procedure.**

If during treatment a condition is discovered that requires medical attention or an additional procedure, such as hernia repair, dental extraction, or the administration of IV fluids, the attending veterinarian may, at his/her absolute discretion, perform such a procedure. I consent to these procedures and agree to pay reasonable additional charges if any.

I agree that I will be available by phone today. If a situation arises and I cannot be reached at the phone number below, I authorize the veterinarian to use his/her discretion and clinical judgment as to how to proceed. I understand that SPCA Westchester, Cody’s Clinic staff and the shelter staff will not leave a message and I must be available by phone during the day of the procedure.

**My phone number for today is: \_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

**I agree that I will be financially responsible for any post-operative medical treatment relating to this procedure or any other unrelated medical problems of my animal.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Signature of Client or Animal Agent Date

**COVID19 Symptoms/Exposure Disclaimers**

If you (or anyone you have come in contact with) are exhibiting any of the below symptoms, please contact our office immediately:

1. Dry cough
2. Fever greater than 100°
3. Any upper respiratory illness (sore throat, runny nose, congestion)
4. Loss of smell or taste
5. Shortness of breath

Please call our office to reschedule if any of the below apply to you:

1. Diagnosed with Covid-19 within the last 14 days of your appointment.
2. If you have come in contact with a Covid-19 positive person within the last 14 days of your appointment
3. If you have traveled to a state or territory on the NY State quarantine list within the last 14 days of your appointment

\*\*Please visit the following link for an up-to-date list\*\*

https://coronavirus.health.ny.gov/covid-19-travel-advisory