



Spay/Neuter Application

Cody's Clinic

590 North State Rd, Briarcliff, NY 10510

Drop off time MUST be at 8:45am and pick-up time MUST be 3:00pm (these times are not flexible).

We require that all dogs must be on a leash and cats in carriers.

The following forms **AND** up-to-date vaccination records **MUST** be completed and emailed to clinic@spcawestchester.org, dropped off, or faxed to (914) 762-8312 at least 1 week prior to the appointment. If you haven't already please call to schedule appointment.

YOUR PET CANNOT HAVE ANY FOOD OR WATER AFTER MIDNIGHT THE NIGHT BEFORE THE SURGERY.

Appointment Date: _____ Client Last name: _____ Client First name: _____

Address: _____ City: _____ Zip code: _____

Home Phone: () _____ Cell Phone: () _____ Work phone: () _____

Which number is the best to reach you at the day of your appointment? _____

Email address: _____

Is your pet currently a client of Cody's Clinic? YES NO If yes, please list date and service:

Pet's Name: _____ Age: _____ Breed: _____

Color: _____ Sex: Male Female Dog ☐ Cat ☐

Bloodwork is required for animals 5 years of age or older to day of surgery.

Please answer the following questions:

- Please describe the temperament of your pet (friendly, fearful, aggressive, etc.) _____
- Does your pet have any known medical issues, allergies or is he/she currently on any medications? **YES**
☐ **NO** ☐ If yes, please explain: _____
- Have you noticed any vomiting, diarrhea, coughing, sneezing, limping, lethargy or change in thirst or appetite? **YES** ☐ **NO** ☐ If yes, please explain: _____
- Has your pet bitten anyone in the past 10 days? **YES** ☐ **NO** ☐

In the space provided please initial that you have read and agree to the following:

- Do you acknowledge that there is a mandatory office visit fee of \$45? **YES** ☐ **NO** ☐
- Do you acknowledge that pain medication for dogs is a charge of \$30? **YES** ☐ **NO** ☐

This medication is for dogs only; female cats are given a slow release over 3-day pain medication. Male cats receive pain medication for 1 day.

If there is any lethargy, vomiting, diarrhea or inappetence please stop the medication and call your regular veterinarian.

- Deciduous (baby teeth) if suggested by vet for an additional charge. _____
- Any ear or skin infections will be treated at your expense. _____

- Fleas will be treated with a combination of oral and topical medication at your expense. _____

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

- If your pet is in heat, pregnant, cryptorchid, needs hernia repair, or encounters other surgical complication - you may be charged an additional fee. _____

Please check all requested services:

☐ SPAY - \$250-\$475

Cats: \$300 Dogs: 1-50lbs \$350

51-75lbs \$375

75 - 100 lbs \$425

100lbs+ \$500

☐ NEUTER - \$200-\$400

Cats: \$250 Dogs: 1-50lbs \$300

51-75lbs \$325

75 - 100 \$375

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☐ HERNIA REPAIR - \$65-\$100

☐ CRYPTORCHID (inguinal/abdominal) - \$65-\$125

☐ DEWCLAW REMOVAL (**Dogs only**) \$40 each

An up-to-date Distemper (DHPP/FVRCP) and Rabies vaccine is **REQUIRED**. If you do not provide this documentation, we will administer the vaccines at your expense.

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Canine

☐ Distemper/Da2PP - \$35-\$40

☐ Rabies - \$40-\$50

☐ Bordetella (Kennel cough) - \$40

☐ Influenza (H3N8, H3N2) - \$55

☐ Lyme - \$45

☐ Leptospirosis - \$35

☐ Heartworm/Lyme/E.canis/Anaplasma blood test - \$55

Feline

☐ Feline Distemper/FVRCP - \$35-\$40

☐ Rabies - \$40-\$50

☐ FIV/FELV Test - \$55

☐ Leukemia/FELV - \$45

Other Services

☐ Microchip \$50

☐ Anal gland expression (**Dogs only**) \$40

☐ Deworming \$30

☐ Fecal Test \$60

☐ Ear Mite Check \$20 (With Treatment \$40)

☐ Flea/Tick Prevention (Seresto, Vectra, Credelio, Catego)

☐ Heartworm prevention (Interceptor plus) Dogs Only

Must have up-to-date heartworm test to purchase

☐ Ear Cleaning \$30

- Would you like to purchase a post-operation cone (e-collar) for your cat or dog to go home with?

\$15 YES ☐ **NO** ☐

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I will hold harmless the 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 the 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.

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.

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

E-Signature of Client or Animal Agent

Date

POST OPERATIVE INSTRUCTIONS

FEEDING YOUR PET: In 2-3 hours of arriving home, offer your pet 1/2 of their normal diet and a small amount of water. If your pet vomits after eating, take the food and water away for the evening and wait until the morning to offer again. Do not be alarmed if your pet does not eat immediately after offering some food. Your pet may still be nauseous and will eat when he/she is feeling better. If your pet does not eat in 24 hours, please notify your veterinarian.

PAIN MEDICATION: Side effects of pain medicine can include upset stomach, not eating, lethargy, sedation, or loopy behavior. If your pet experiences this, please call the clinic.

Dogs: Start the pain medication the morning after surgery. **Always** give this medication with food but not in their food as they might not eat it after.

Cats: Your female cat has been given an opioid pain injection that lasts three days. Your male cat has been given medication that last one day.

POST OPERATIVE CONE (E-COLLAR): **Mandatory** for all pets to wear following surgery to prevent licking or chewing the infection or opening of the incision at the surgery site, the cone must remain on between 10-14days. If this does occur and the incision is re-opened, bacteria could be introduced causing a secondary infection and thereby interrupting the healing process.

ACTIVITY: Your pet just had general anesthesia and major surgery today. Every pet handles this in a different way. **When they go home, they may be sleepy, anxious, whiny, out of sorts, etc. It is particularly important to keep them calm tonight.** That may mean a crate, or a quiet dark room, or on the couch next to you. Restrict your activity for the next 7 days, which includes no rough play, stair climbing, running, or jumping. Dogs should leash walk for a short period of time. Cats should remain indoors for their recovery period (10 days).

SEROMA: A seroma is an accumulation of fluid at the incision area. These occur because of movement at the incision from an active dog or cat post-surgery and a normal reaction to the dissolvable sutures used to close the incision. Seromas resolve themselves over a couple of weeks. Hot compresses and massages may expedite the process. Please contact your private veterinarian if you are concerned or notice any heat, redness, discharge or opening of the incision.

CHECK INCISION: Your pet has dissolvable sutures, and no suture removal is necessary. It can take 3-6 months for the sutures to dissolve. Surgical glue holds the incision closed and may appear as a dried crusty substance over the incision. **Check your pets' incision once a day, until it heals.** If the incision gets dirty, clean gently with a cotton ball and water. A small amount of red, watery seepage or bruising is normal around incision a few days. Contact your veterinarian if you find:

- The incision is opening, or blood is dripping from the incision.
- Any signs of infection, for example: swelling, redness, heat, and discharge.
- Excessive swelling of the scrotum on males.

SUGGESTIONS: Do **not** allow your pet to get wet or go swimming for 2 weeks after surgery, as this can easily introduce infection to the incision. Please do not give any other medication to your pet that has not been prescribed. If you have any questions or concerns about your pet, please contact the clinic on weekdays between 10am-4pm at 914-941-2896 ext. 110.

PLEASE NOTE THAT THERE IS NO CLINIC STAFF AFTER 4PM WEEKDAYS AND THE CLINIC IS CLOSED ON THE WEEKENDS.

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Pet's Name: _____ Age: _____ Breed: _____

Color: _____ Sex: Male Female Dog ☐ Cat ☐

Bloodwork is required for animals 5 years of age or older to day of surgery.

Please answer the following questions:

- Please describe the temperament of your pet (friendly, fearful, aggressive, etc.) _____
- Does your pet have any known medical issues, allergies or is he/she currently on any medications? **YES**
☐ **NO** ☐ If yes, please explain: _____
- Have you noticed any vomiting, diarrhea, coughing, sneezing, limping, lethargy or change in thirst or appetite? **YES** ☐ **NO** ☐ If yes, please explain: _____
- Has your pet bitten anyone in the past 10 days? **YES** ☐ **NO** ☐

In the space provided please initial that you have read and agree to the following:

- Do you acknowledge that there is a mandatory office visit fee of \$45? **YES** ☐ **NO** ☐
- Do you acknowledge that pain medication for dogs is a charge of \$30? **YES** ☐ **NO** ☐

This medication is for dogs only; female cats are given a slow release over 3-day pain medication. Male cats receive pain medication for 1 day.

If there is any lethargy, vomiting, diarrhea or inappetence please stop the medication and call your regular veterinarian.

- Deciduous (baby teeth) if suggested by vet for an additional charge. _____
- Any ear or skin infections will be treated at your expense. _____

- Fleas will be treated with a combination of oral and topical medication at your expense. _____

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

- If your pet is in heat, pregnant, cryptorchid, needs hernia repair, or encounters other surgical complication - you may be charged an additional fee. _____

Please check all requested services:

☐ SPAY - \$250-\$475

Cats: \$300 Dogs: 1-50lbs \$350

51-75lbs \$375

75 - 100 lbs \$425

100lbs+ \$500

☐ NEUTER - \$200-\$400

Cats: \$250 Dogs: 1-50lbs \$300

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☐ HERNIA REPAIR - \$65-\$100

☐ CRYPTORCHID (inguinal/abdominal) - \$65-\$125

☐ DEWCLAW REMOVAL (**Dogs only**) \$40 each

An up-to-date Distemper (DHPP/FVRCP) and Rabies vaccine is **REQUIRED**. If you do not provide this documentation, we will administer the vaccines at your expense.

Services

Canine

☐ Distemper/Da2PP - \$35-\$40

☐ Rabies - \$40-\$50

☐ Bordetella (Kennel cough) - \$40

☐ Influenza (H3N8, H3N2) - \$55

☐ Lyme - \$45

☐ Leptospirosis - \$35

☐ Heartworm/Lyme/E.canis/Anaplasma blood test - \$55

Feline

☐ Feline Distemper/FVRCP - \$35-\$40

☐ Rabies - \$40-\$50

☐ FIV/FELV Test - \$55

☐ Leukemia/FELV - \$45

Other Services

☐ Microchip \$50

☐ Anal gland expression (**Dogs only**) \$40

☐ Deworming \$30

☐ Fecal Test \$60

☐ Ear Mite Check \$20 (With Treatment \$40)

☐ Flea/Tick Prevention (Seresto, Vectra, Credelio, Catego)

☐ Heartworm prevention (Interceptor plus) Dogs Only

Must have up-to-date heartworm test to purchase

☐ Ear Cleaning \$30

- Would you like to purchase a post-operation cone (e-collar) for your cat or dog to go home with?

\$15 YES ☐ **NO** ☐

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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 the 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 the 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 the 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 the 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.

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.

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

E-Signature of Client or Animal Agent

Date

POST OPERATIVE INSTRUCTIONS

FEEDING YOUR PET: In 2-3 hours of arriving home, offer your pet 1/2 of their normal diet and a small amount of water. If your pet vomits after eating, take the food and water away for the evening and wait until the morning to offer again. Do not be alarmed if your pet does not eat immediately after offering some food. Your pet may still be nauseous and will eat when he/she is feeling better. If your pet does not eat in 24 hours, please notify your veterinarian.

PAIN MEDICATION: Side effects of pain medicine can include upset stomach, not eating, lethargy, sedation, or loopy behavior. If your pet experiences this, please call the clinic.

Dogs: Start the pain medication the morning after surgery. **Always** give this medication with food but not in their food as they might not eat it after.

Cats: Your female cat has been given an opioid pain injection that lasts three days. Your male cat has been given medication that last one day.

POST OPERATIVE CONE (E-COLLAR): **Mandatory** for all pets to wear following surgery to prevent licking or chewing the infection or opening of the incision at the surgery site, the cone must remain on between 10-14days. If this does occur and the incision is re-opened, bacteria could be introduced causing a secondary infection and thereby interrupting the healing process.

ACTIVITY: Your pet just had general anesthesia and major surgery today. Every pet handles this in a different way. **When they go home, they may be sleepy, anxious, whiny, out of sorts, etc. It is particularly important to keep them calm tonight.** That may mean a crate, or a quiet dark room, or on the couch next to you. Restrict your activity for the next 7 days, which includes no rough play, stair climbing, running, or jumping. Dogs should leash walk for a short period of time. Cats should remain indoors for their recovery period (10 days).

SEROMA: A seroma is an accumulation of fluid at the incision area. These occur because of movement at the incision from an active dog or cat post-surgery and a normal reaction to the dissolvable sutures used to close the incision. Seromas resolve themselves over a couple of weeks. Hot compresses and massages may expedite the process. Please contact your private veterinarian if you are concerned or notice any heat, redness, discharge or opening of the incision.

CHECK INCISION: Your pet has dissolvable sutures, and no suture removal is necessary. It can take 3-6 months for the sutures to dissolve. Surgical glue holds the incision closed and may appear as a dried crusty substance over the incision. **Check your pets' incision once a day, until it heals.** If the incision gets dirty, clean gently with a cotton ball and water. A small amount of red, watery seepage or bruising is normal around incision a few days. Contact your veterinarian if you find:

- The incision is opening, or blood is dripping from the incision.
- Any signs of infection, for example: swelling, redness, heat, and discharge.
- Excessive swelling of the scrotum on males.

SUGGESTIONS: Do **not** allow your pet to get wet or go swimming for 2 weeks after surgery, as this can easily introduce infection to the incision. Please do not give any other medication to your pet that has not been prescribed. If you have any questions or concerns about your pet, please contact the clinic on weekdays between 10am-4pm at 914-941-2896 ext. 110.

PLEASE NOTE THAT THERE IS NO CLINIC STAFF AFTER 4PM WEEKDAYS AND THE CLINIC IS CLOSED ON THE WEEKENDS.

If you feel your pet is in distress, contact your veterinarian or the nearest emergency animal hospital.



Spay/Neuter Application

Cody's Clinic

590 North State Rd, Briarcliff, NY 10510

Drop off time MUST be at 8:45am and pick-up time MUST be 3:00pm (these times are not flexible).

We require that all dogs must be on a leash and cats in carriers.

The following forms **AND** up-to-date vaccination records **MUST** be completed and emailed to clinic@spcawestchester.org, dropped off, or faxed to (914) 762-8312 at least 1 week prior to the appointment. If you haven't already please call to schedule appointment.

YOUR PET CANNOT HAVE ANY FOOD OR WATER AFTER MIDNIGHT THE NIGHT BEFORE THE SURGERY.

Appointment Date: _____ Client Last name: _____ Client First name: _____

Address: _____ City: _____ Zip code: _____

Home Phone: () _____ Cell Phone: () _____ Work phone: () _____

Which number is the best to reach you at the day of your appointment? _____

Email address: _____

Is your pet currently a client of Cody's Clinic? YES NO If yes, please list date and service:

Pet's Name: _____ Age: _____ Breed: _____

Color: _____ Sex: Male Female Dog ☐ Cat ☐

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- Does your pet have any known medical issues, allergies or is he/she currently on any medications? **YES**
☐ **NO** ☐ If yes, please explain: _____
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Appointment Date: _____ Client Last name: _____ Client First name: _____

Address: _____ City: _____ Zip code: _____

Home Phone: () _____ Cell Phone: () _____ Work phone: () _____

Which number is the best to reach you at the day of your appointment? _____

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- Do you acknowledge that there is a mandatory office visit fee of \$45? **YES** ☐ **NO** ☐
- Do you acknowledge that pain medication for dogs is a charge of \$30? **YES** ☐ **NO** ☐

This medication is for dogs only; female cats are given a slow release over 3-day pain medication. Male cats receive pain medication for 1 day.

If there is any lethargy, vomiting, diarrhea or inappetence please stop the medication and call your regular veterinarian.

- Deciduous (baby teeth) if suggested by vet for an additional charge. _____
- Any ear or skin infections will be treated at your expense. _____

- Fleas will be treated with a combination of oral and topical medication at your expense. _____

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

- If your pet is in heat, pregnant, cryptorchid, needs hernia repair, or encounters other surgical complication - you may be charged an additional fee. _____

Please check all requested services:

☐ SPAY - \$250-\$475

Cats: \$300 Dogs: 1-50lbs \$350

51-75lbs \$375

75 - 100 lbs \$425

100lbs+ \$500

☐ NEUTER - \$200-\$400

Cats: \$250 Dogs: 1-50lbs \$300

51-75lbs \$325

75 - 100 \$375

100lbs+ \$450

☐ HERNIA REPAIR - \$65-\$100

☐ CRYPTORCHID (inguinal/abdominal) - \$65-\$125

☐ DEWCLAW REMOVAL (**Dogs only**) \$40 each

An up-to-date Distemper (DHPP/FVRCP) and Rabies vaccine is **REQUIRED**. If you do not provide this documentation, we will administer the vaccines at your expense.

Services

Canine

☐ Distemper/Da2PP - \$35-\$40

☐ Rabies - \$40-\$50

☐ Bordetella (Kennel cough) - \$40

☐ Influenza (H3N8, H3N2) - \$55

☐ Lyme - \$45

☐ Leptospirosis - \$35

☐ Heartworm/Lyme/E.canis/Anaplasma blood test - \$55

Feline

☐ Feline Distemper/FVRCP - \$35-\$40

☐ Rabies - \$40-\$50

☐ FIV/FELV Test - \$55

☐ Leukemia/FELV - \$45

Other Services

☐ Microchip \$50

☐ Anal gland expression (**Dogs only**) \$40

☐ Deworming \$30

☐ Fecal Test \$60

☐ Ear Mite Check \$20 (With Treatment \$40)

☐ Flea/Tick Prevention (Seresto, Vectra, Credelio, Catego)

☐ Heartworm prevention (Interceptor plus) Dogs Only

Must have up-to-date heartworm test to purchase

☐ Ear Cleaning \$30

- Would you like to purchase a post-operation cone (e-collar) for your cat or dog to go home with?

\$15 YES ☐ **NO** ☐

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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 the 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 the 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 the 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 the 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.

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.

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

E-Signature of Client or Animal Agent

Date

POST OPERATIVE INSTRUCTIONS

FEEDING YOUR PET: In 2-3 hours of arriving home, offer your pet 1/2 of their normal diet and a small amount of water. If your pet vomits after eating, take the food and water away for the evening and wait until the morning to offer again. Do not be alarmed if your pet does not eat immediately after offering some food. Your pet may still be nauseous and will eat when he/she is feeling better. If your pet does not eat in 24 hours, please notify your veterinarian.

PAIN MEDICATION: Side effects of pain medicine can include upset stomach, not eating, lethargy, sedation, or loopy behavior. If your pet experiences this, please call the clinic.

Dogs: Start the pain medication the morning after surgery. **Always** give this medication with food but not in their food as they might not eat it after.

Cats: Your female cat has been given an opioid pain injection that lasts three days. Your male cat has been given medication that last one day.

POST OPERATIVE CONE (E-COLLAR): **Mandatory** for all pets to wear following surgery to prevent licking or chewing the infection or opening of the incision at the surgery site, the cone must remain on between 10-14days. If this does occur and the incision is re-opened, bacteria could be introduced causing a secondary infection and thereby interrupting the healing process.

ACTIVITY: Your pet just had general anesthesia and major surgery today. Every pet handles this in a different way. **When they go home, they may be sleepy, anxious, whiny, out of sorts, etc. It is particularly important to keep them calm tonight.** That may mean a crate, or a quiet dark room, or on the couch next to you. Restrict your activity for the next 7 days, which includes no rough play, stair climbing, running, or jumping. Dogs should leash walk for a short period of time. Cats should remain indoors for their recovery period (10 days).

SEROMA: A seroma is an accumulation of fluid at the incision area. These occur because of movement at the incision from an active dog or cat post-surgery and a normal reaction to the dissolvable sutures used to close the incision. Seromas resolve themselves over a couple of weeks. Hot compresses and massages may expedite the process. Please contact your private veterinarian if you are concerned or notice any heat, redness, discharge or opening of the incision.

CHECK INCISION: Your pet has dissolvable sutures, and no suture removal is necessary. It can take 3-6 months for the sutures to dissolve. Surgical glue holds the incision closed and may appear as a dried crusty substance over the incision. **Check your pets' incision once a day, until it heals.** If the incision gets dirty, clean gently with a cotton ball and water. A small amount of red, watery seepage or bruising is normal around incision a few days. Contact your veterinarian if you find:

- The incision is opening, or blood is dripping from the incision.
- Any signs of infection, for example: swelling, redness, heat, and discharge.
- Excessive swelling of the scrotum on males.

SUGGESTIONS: Do **not** allow your pet to get wet or go swimming for 2 weeks after surgery, as this can easily introduce infection to the incision. Please do not give any other medication to your pet that has not been prescribed. If you have any questions or concerns about your pet, please contact the clinic on weekdays between 10am-4pm at 914-941-2896 ext. 110.

PLEASE NOTE THAT THERE IS NO CLINIC STAFF AFTER 4PM WEEKDAYS AND THE CLINIC IS CLOSED ON THE WEEKENDS.

If you feel your pet is in distress, contact your veterinarian or the nearest emergency animal hospital.



Spay/Neuter Application

Cody's Clinic

590 North State Rd, Briarcliff, NY 10510

Drop off time MUST be at 8:45am and pick-up time MUST be 3:00pm (these times are not flexible).

We require that all dogs must be on a leash and cats in carriers.

The following forms **AND** up-to-date vaccination records **MUST** be completed and emailed to clinic@spcawestchester.org, dropped off, or faxed to (914) 762-8312 at least 1 week prior to the appointment. If you haven't already please call to schedule appointment.

YOUR PET CANNOT HAVE ANY FOOD OR WATER AFTER MIDNIGHT THE NIGHT BEFORE THE SURGERY.

Appointment Date: _____ Client Last name: _____ Client First name: _____

Address: _____ City: _____ Zip code: _____

Home Phone: () _____ Cell Phone: () _____ Work phone: () _____

Which number is the best to reach you at the day of your appointment? _____

Email address: _____

Is your pet currently a client of Cody's Clinic? YES NO If yes, please list date and service:

Pet's Name: _____ Age: _____ Breed: _____

Color: _____ Sex: Male Female Dog ☐ Cat ☐

Bloodwork is required for animals 5 years of age or older to day of surgery.

Please answer the following questions:

- Please describe the temperament of your pet (friendly, fearful, aggressive, etc.) _____
- Does your pet have any known medical issues, allergies or is he/she currently on any medications? **YES**
☐ **NO** ☐ If yes, please explain: _____
- Have you noticed any vomiting, diarrhea, coughing, sneezing, limping, lethargy or change in thirst or appetite? **YES** ☐ **NO** ☐ If yes, please explain: _____
- Has your pet bitten anyone in the past 10 days? **YES** ☐ **NO** ☐

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Appointment Date: _____ Client Last name: _____ Client First name: _____

Address: _____ City: _____ Zip code: _____

Home Phone: () _____ Cell Phone: () _____ Work phone: () _____

Which number is the best to reach you at the day of your appointment? _____

Email address: _____

Is your pet currently a client of Cody's Clinic? YES NO If yes, please list date and service:

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☐ **NO** ☐ If yes, please explain: _____
- Have you noticed any vomiting, diarrhea, coughing, sneezing, limping, lethargy or change in thirst or appetite? **YES** ☐ **NO** ☐ If yes, please explain: _____
- Has your pet bitten anyone in the past 10 days? **YES** ☐ **NO** ☐

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Please check all requested services:

☐ SPAY - \$250-\$475

Cats: \$300 Dogs: 1-50lbs \$350

51-75lbs \$375

75 - 100 lbs \$425

100lbs+ \$500

☐ NEUTER - \$200-\$400

Cats: \$250 Dogs: 1-50lbs \$300

51-75lbs \$325

75 - 100 \$375

100lbs+ \$450

☐ HERNIA REPAIR - \$65-\$100

☐ CRYPTORCHID (inguinal/abdominal) - \$65-\$125

☐ DEWCLAW REMOVAL (**Dogs only**) \$40 each

An up-to-date Distemper (DHPP/FVRCP) and Rabies vaccine is **REQUIRED**. If you do not provide this documentation, we will administer the vaccines at your expense.

Services

Canine

☐ Distemper/Da2PP - \$35-\$40

☐ Rabies - \$40-\$50

☐ Bordetella (Kennel cough) - \$40

☐ Influenza (H3N8, H3N2) - \$55

☐ Lyme - \$45

☐ Leptospirosis - \$35

☐ Heartworm/Lyme/E.canis/Anaplasma blood test - \$55

Feline

☐ Feline Distemper/FVRCP - \$35-\$40

☐ Rabies - \$40-\$50

☐ FIV/FELV Test - \$55

☐ Leukemia/FELV - \$45

Other Services

☐ Microchip \$50

☐ Anal gland expression (**Dogs only**) \$40

☐ Deworming \$30

☐ Fecal Test \$60

☐ Ear Mite Check \$20 (With Treatment \$40)

☐ Flea/Tick Prevention (Seresto, Vectra, Credelio, Catego)

☐ Heartworm prevention (Interceptor plus) Dogs Only

Must have up-to-date heartworm test to purchase

☐ Ear Cleaning \$30

- Would you like to purchase a post-operation cone (e-collar) for your cat or dog to go home with?

\$15 YES ☐ **NO** ☐

Authorization for Sterilization Surgery and other Procedures

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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 the 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 the 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 the 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 the 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.

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.

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

E-Signature of Client or Animal Agent

Date

POST OPERATIVE INSTRUCTIONS

FEEDING YOUR PET: In 2-3 hours of arriving home, offer your pet 1/2 of their normal diet and a small amount of water. If your pet vomits after eating, take the food and water away for the evening and wait until the morning to offer again. Do not be alarmed if your pet does not eat immediately after offering some food. Your pet may still be nauseous and will eat when he/she is feeling better. If your pet does not eat in 24 hours, please notify your veterinarian.

PAIN MEDICATION: Side effects of pain medicine can include upset stomach, not eating, lethargy, sedation, or loopy behavior. If your pet experiences this, please call the clinic.

Dogs: Start the pain medication the morning after surgery. **Always** give this medication with food but not in their food as they might not eat it after.

Cats: Your female cat has been given an opioid pain injection that lasts three days. Your male cat has been given medication that last one day.

POST OPERATIVE CONE (E-COLLAR): **Mandatory** for all pets to wear following surgery to prevent licking or chewing the infection or opening of the incision at the surgery site, the cone must remain on between 10-14days. If this does occur and the incision is re-opened, bacteria could be introduced causing a secondary infection and thereby interrupting the healing process.

ACTIVITY: Your pet just had general anesthesia and major surgery today. Every pet handles this in a different way. **When they go home, they may be sleepy, anxious, whiny, out of sorts, etc. It is particularly important to keep them calm tonight.** That may mean a crate, or a quiet dark room, or on the couch next to you. Restrict your activity for the next 7 days, which includes no rough play, stair climbing, running, or jumping. Dogs should leash walk for a short period of time. Cats should remain indoors for their recovery period (10 days).

SEROMA: A seroma is an accumulation of fluid at the incision area. These occur because of movement at the incision from an active dog or cat post-surgery and a normal reaction to the dissolvable sutures used to close the incision. Seromas resolve themselves over a couple of weeks. Hot compresses and massages may expedite the process. Please contact your private veterinarian if you are concerned or notice any heat, redness, discharge or opening of the incision.

CHECK INCISION: Your pet has dissolvable sutures, and no suture removal is necessary. It can take 3-6 months for the sutures to dissolve. Surgical glue holds the incision closed and may appear as a dried crusty substance over the incision. **Check your pets' incision once a day, until it heals.** If the incision gets dirty, clean gently with a cotton ball and water. A small amount of red, watery seepage or bruising is normal around incision a few days. Contact your veterinarian if you find:

- The incision is opening, or blood is dripping from the incision.
- Any signs of infection, for example: swelling, redness, heat, and discharge.
- Excessive swelling of the scrotum on males.

SUGGESTIONS: Do **not** allow your pet to get wet or go swimming for 2 weeks after surgery, as this can easily introduce infection to the incision. Please do not give any other medication to your pet that has not been prescribed. If you have any questions or concerns about your pet, please contact the clinic on weekdays between 10am-4pm at 914-941-2896 ext. 110.

PLEASE NOTE THAT THERE IS NO CLINIC STAFF AFTER 4PM WEEKDAYS AND THE CLINIC IS CLOSED ON THE WEEKENDS.

If you feel your pet is in distress, contact your veterinarian or the nearest emergency animal hospital.



Spay/Neuter Application

Cody's Clinic

590 North State Rd, Briarcliff, NY 10510

Drop off time MUST be at 8:45am and pick-up time MUST be 3:00pm (these times are not flexible).

We require that all dogs must be on a leash and cats in carriers.

The following forms **AND** up-to-date vaccination records **MUST** be completed and emailed to clinic@spcawestchester.org, dropped off, or faxed to (914) 762-8312 at least 1 week prior to the appointment. If you haven't already please call to schedule appointment.

YOUR PET CANNOT HAVE ANY FOOD OR WATER AFTER MIDNIGHT THE NIGHT BEFORE THE SURGERY.

Appointment Date: _____ Client Last name: _____ Client First name: _____

Address: _____ City: _____ Zip code: _____

Home Phone: () _____ Cell Phone: () _____ Work phone: () _____

Which number is the best to reach you at the day of your appointment? _____

Email address: _____

Is your pet currently a client of Cody's Clinic? YES NO If yes, please list date and service:

Pet's Name: _____ Age: _____ Breed: _____

Color: _____ Sex: Male Female Dog ☐ Cat ☐

Bloodwork is required for animals 5 years of age or older to day of surgery.

Please answer the following questions:

- Please describe the temperament of your pet (friendly, fearful, aggressive, etc.) _____
- Does your pet have any known medical issues, allergies or is he/she currently on any medications? **YES**
☐ **NO** ☐ If yes, please explain: _____
- Have you noticed any vomiting, diarrhea, coughing, sneezing, limping, lethargy or change in thirst or appetite? **YES** ☐ **NO** ☐ If yes, please explain: _____
- Has your pet bitten anyone in the past 10 days? **YES** ☐ **NO** ☐

In the space provided please initial that you have read and agree to the following:

- Do you acknowledge that there is a mandatory office visit fee of \$45? **YES** ☐ **NO** ☐
- Do you acknowledge that pain medication for dogs is a charge of \$30? **YES** ☐ **NO** ☐

This medication is for dogs only; female cats are given a slow release over 3-day pain medication. Male cats receive pain medication for 1 day.

If there is any lethargy, vomiting, diarrhea or inappetence please stop the medication and call your regular veterinarian.

- Deciduous (baby teeth) if suggested by vet for an additional charge. _____
- Any ear or skin infections will be treated at your expense. _____

- Fleas will be treated with a combination of oral and topical medication at your expense. _____

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Please check all requested services:

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YOUR PET CANNOT HAVE ANY FOOD OR WATER AFTER MIDNIGHT THE NIGHT BEFORE THE SURGERY.

Appointment Date: _____ Client Last name: _____ Client First name: _____

Address: _____ City: _____ Zip code: _____

Home Phone: () _____ Cell Phone: () _____ Work phone: () _____

Which number is the best to reach you at the day of your appointment? _____

Email address: _____

Is your pet currently a client of Cody's Clinic? YES NO If yes, please list date and service:

Pet's Name: _____ Age: _____ Breed: _____

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- Does your pet have any known medical issues, allergies or is he/she currently on any medications? **YES**
☐ **NO** ☐ If yes, please explain: _____
- Have you noticed any vomiting, diarrhea, coughing, sneezing, limping, lethargy or change in thirst or appetite? **YES** ☐ **NO** ☐ If yes, please explain: _____
- Has your pet bitten anyone in the past 10 days? **YES** ☐ **NO** ☐

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☐ Distemper/Da2PP - \$35-\$40

☐ Rabies - \$40-\$50

☐ Bordetella (Kennel cough) - \$40

☐ Influenza (H3N8, H3N2) - \$55

☐ Lyme - \$45

☐ Leptospirosis - \$35

☐ Heartworm/Lyme/E.canis/Anaplasma blood test - \$55

Feline

☐ Feline Distemper/FVRCP - \$35-\$40

☐ Rabies - \$40-\$50

☐ FIV/FELV Test - \$55

☐ Leukemia/FELV - \$45

Other Services

☐ Microchip \$50

☐ Anal gland expression (**Dogs only**) \$40

☐ Deworming \$30

☐ Fecal Test \$60

☐ Ear Mite Check \$20 (With Treatment \$40)

☐ Flea/Tick Prevention (Seresto, Vectra, Credelio, Catego)

☐ Heartworm prevention (Interceptor plus) Dogs Only

Must have up-to-date heartworm test to purchase

☐ Ear Cleaning \$30

- Would you like to purchase a post-operation cone (e-collar) for your cat or dog to go home with?

\$15 YES ☐ **NO** ☐

Authorization for Sterilization Surgery and other Procedures

I, the undersigned, have read and understand this entire page and authorize the 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 the 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 the 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 the 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 the 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.

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.

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

E-Signature of Client or Animal Agent

Date

POST OPERATIVE INSTRUCTIONS

FEEDING YOUR PET: In 2-3 hours of arriving home, offer your pet 1/2 of their normal diet and a small amount of water. If your pet vomits after eating, take the food and water away for the evening and wait until the morning to offer again. Do not be alarmed if your pet does not eat immediately after offering some food. Your pet may still be nauseous and will eat when he/she is feeling better. If your pet does not eat in 24 hours, please notify your veterinarian.

PAIN MEDICATION: Side effects of pain medicine can include upset stomach, not eating, lethargy, sedation, or loopy behavior. If your pet experiences this, please call the clinic.

Dogs: Start the pain medication the morning after surgery. **Always** give this medication with food but not in their food as they might not eat it after.

Cats: Your female cat has been given an opioid pain injection that lasts three days. Your male cat has been given medication that last one day.

POST OPERATIVE CONE (E-COLLAR): **Mandatory** for all pets to wear following surgery to prevent licking or chewing the infection or opening of the incision at the surgery site, the cone must remain on between 10-14days. If this does occur and the incision is re-opened, bacteria could be introduced causing a secondary infection and thereby interrupting the healing process.

ACTIVITY: Your pet just had general anesthesia and major surgery today. Every pet handles this in a different way. **When they go home, they may be sleepy, anxious, whiny, out of sorts, etc. It is particularly important to keep them calm tonight.** That may mean a crate, or a quiet dark room, or on the couch next to you. Restrict your activity for the next 7 days, which includes no rough play, stair climbing, running, or jumping. Dogs should leash walk for a short period of time. Cats should remain indoors for their recovery period (10 days).

SEROMA: A seroma is an accumulation of fluid at the incision area. These occur because of movement at the incision from an active dog or cat post-surgery and a normal reaction to the dissolvable sutures used to close the incision. Seromas resolve themselves over a couple of weeks. Hot compresses and massages may expedite the process. Please contact your private veterinarian if you are concerned or notice any heat, redness, discharge or opening of the incision.

CHECK INCISION: Your pet has dissolvable sutures, and no suture removal is necessary. It can take 3-6 months for the sutures to dissolve. Surgical glue holds the incision closed and may appear as a dried crusty substance over the incision. **Check your pets' incision once a day, until it heals.** If the incision gets dirty, clean gently with a cotton ball and water. A small amount of red, watery seepage or bruising is normal around incision a few days. Contact your veterinarian if you find:

- The incision is opening, or blood is dripping from the incision.
- Any signs of infection, for example: swelling, redness, heat, and discharge.
- Excessive swelling of the scrotum on males.

SUGGESTIONS: Do **not** allow your pet to get wet or go swimming for 2 weeks after surgery, as this can easily introduce infection to the incision. Please do not give any other medication to your pet that has not been prescribed. If you have any questions or concerns about your pet, please contact the clinic on weekdays between 10am-4pm at 914-941-2896 ext. 110.

PLEASE NOTE THAT THERE IS NO CLINIC STAFF AFTER 4PM WEEKDAYS AND THE CLINIC IS CLOSED ON THE WEEKENDS.

If you feel your pet is in distress, contact your veterinarian or the nearest emergency animal hospital.



Spay/Neuter Application

Cody's Clinic

590 North State Rd, Briarcliff, NY 10510

Drop off time MUST be at 8:45am and pick-up time MUST be 3:00pm (these times are not flexible).

We require that all dogs must be on a leash and cats in carriers.

The following forms **AND** up-to-date vaccination records **MUST** be completed and emailed to clinic@spcawestchester.org, dropped off, or faxed to (914) 762-8312 at least 1 week prior to the appointment. If you haven't already please call to schedule appointment.

YOUR PET CANNOT HAVE ANY FOOD OR WATER AFTER MIDNIGHT THE NIGHT BEFORE THE SURGERY.

Appointment Date: _____ Client Last name: _____ Client First name: _____

Address: _____ City: _____ Zip code: _____

Home Phone: () _____ Cell Phone: () _____ Work phone: () _____

Which number is the best to reach you at the day of your appointment? _____

Email address: _____

Is your pet currently a client of Cody's Clinic? YES NO If yes, please list date and service:

Pet's Name: _____ Age: _____ Breed: _____

Color: _____ Sex: Male Female Dog ☐ Cat ☐

Bloodwork is required for animals 5 years of age or older to day of surgery.

Please answer the following questions:

- Please describe the temperament of your pet (friendly, fearful, aggressive, etc.) _____
- Does your pet have any known medical issues, allergies or is he/she currently on any medications? **YES**
☐ **NO** ☐ If yes, please explain: _____
- Have you noticed any vomiting, diarrhea, coughing, sneezing, limping, lethargy or change in thirst or appetite? **YES** ☐ **NO** ☐ If yes, please explain: _____
- Has your pet bitten anyone in the past 10 days? **YES** ☐ **NO** ☐

In the space provided please initial that you have read and agree to the following:

- Do you acknowledge that there is a mandatory office visit fee of \$45? **YES** ☐ **NO** ☐
- Do you acknowledge that pain medication for dogs is a charge of \$30? **YES** ☐ **NO** ☐

This medication is for dogs only; female cats are given a slow release over 3-day pain medication. Male cats receive pain medication for 1 day.

If there is any lethargy, vomiting, diarrhea or inappetence please stop the medication and call your regular veterinarian.

- Deciduous (baby teeth) if suggested by vet for an additional charge. _____
- Any ear or skin infections will be treated at your expense. _____

- Fleas will be treated with a combination of oral and topical medication at your expense. _____

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

- If your pet is in heat, pregnant, cryptorchid, needs hernia repair, or encounters other surgical complication - you may be charged an additional fee. _____

Please check all requested services:

☐ SPAY - \$250-\$475

Cats: \$300 Dogs: 1-50lbs \$350

51-75lbs \$375

75 - 100 lbs \$425

100lbs+ \$500

☐ NEUTER - \$200-\$400

Cats: \$250 Dogs: 1-50lbs \$300

51-75lbs \$325

75 - 100 \$375

100lbs+ \$450

☐ HERNIA REPAIR - \$65-\$100

☐ CRYPTORCHID (inguinal/abdominal) - \$65-\$125

☐ DEWCLAW REMOVAL (**Dogs only**) \$40 each

An up-to-date Distemper (DHPP/FVRCP) and Rabies vaccine is **REQUIRED**. If you do not provide this documentation, we will administer the vaccines at your expense.

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