

# Spay/Neuter Application Cody's Clinic 590 North State Rd, Briarcliff, NY 10510

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

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

The following forms <u>AND</u> up-to-date vaccination records <u>MUST</u> be completed and emailed to <u>clinic@spcawestchester.org</u>, dropped off, or faxed to (914) 762-8312 for your appointment to be confirmed.

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

Appointment Date:	Client Last name:	Client First name:
Address:	City:	Zip code:
Home Phone: ( )	Cell Phone: ( )	Work phone: ( )
Which number is the best t	o reach you at the day of your appo	intment?
Email address:		
ls your pet currently a clien	t 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	k is required for animals 5 years of a	ge or older to day of surgery.
Please answer the following	g questions:	
<ul> <li>Please describe the tem</li> </ul>	nperament of your pet (friendly, fear	ful, aggressive, etc.)
		is he/she currently on any medications? YES
, ,	ease explain:	, ,
,	-	ng, limping, lethargy or change in thirst or
•		
	one in the past 10 days? YES NO	
In the space provided pleas	se initial that you have read and agr	ee to the following:
<ul> <li>Do you acknowledge th</li> </ul>	at there is a mandatory office visit fo	ee of \$35? <b>YES□ NO□</b>
<ul> <li>Deciduous (baby teeth)</li> </ul>	will be removed at the time of proc	edure
<ul> <li>Any ear or skin infectior</li> </ul>	ns will be treated at your expense	·
<ul> <li>Fleas will be treated wit</li> </ul>	h a combination of oral and topical	medication
Additional measures may nee	d to be taken for the home environmen	ot.
<ul> <li>If your pet is in heat, pre</li> </ul>	egnant, cryptorchid, needs hernia re	epair, or encounters other surgical
	be charged an additional fee.	

#### Please check all requested services:

#### Check the website for exact pricing.

□ SPAY - \$250-\$475 □ HERNIA REPAIR - \$65-\$100		NEUTER - \$200-\$400 CRYPTORCHID (inguinal/abdominal) - \$65-\$125		
☐ DEWCLAW REMOVAL ( <b>Dogs only</b> ) \$40 each		CKTT TOKETID (Ingulial/abdominal) - \$05-\$125		
<u>Services</u>				
Canine		<u> </u>		
□ Distemper/DHPP - \$30		☐ Feline Distemper/FVRCP - \$35		
•				
□ Rabies - \$35		□ Rabies - \$35		
□ Bordetella (Kennel cough) - \$30		☐ FIV/FELV Test - \$55		
□ Influenza (H3N8, H3N2) - \$45		☐ Leukemia/FELV - \$40		
□ Lyme - \$45				
□ Leptosporosis - \$35				
☐ Heartworm/Lyme/E.canis/Anaplasma blood t	est - \$50			
Up to date DHPP/FVRCP and RABIES are REQUIRED.				
Ot	her Se	rvices		
☐ Microchip \$35		a/Tick Prevention (Seresto, Vectra, Credelio, Catego)		
$\square$ Microcrip \$33 $\square$ Anal gland expression ( <b>Dogs only</b> ) \$25 $\square$ He				
$\square$ Analysiand expression ( <b>bogs only</b> ) \$23 $\square$ The $\square$ Deworming \$25				
•		Must have up-to-date heartworm test to purchase**		
☐ Fecal Test \$45	⊔Ear	Cleaning \$25		
□Ear Mite Check \$20 (With Treatment \$40)				
<u>Highly Recommended</u>				
Declining these services can i	ncrease	unnecessary pain for your animal.		
<ul> <li>Would you like to purchase pain medication for your dog to go home with? \$25 YES□ NO□</li> </ul>				
	_	n a slow release over 3-day pain medication.		
If any lethargy, vomiting, diarrhea or inappeten	ce please	e stop the medication and call your regular veterinarian.		
Would you like to purchase a post-op cone(e-collar) for your cat or dog to go home with? \$15				
YES NO D				
PLEASE READ ATTACHED F	OST OF	PERATIVE CARE INFORMATION		
COVID19 Sympto	oms/Ex	kposure Disclaimers		
If you (or anyone you have come in contact with) our office immediately:	) are exh	ibiting any of the below symptoms, please contact		
a. Dry cough				
a. Dry cough				
b. Fever greater than 100°	root run	nunces congestion)		
<ul><li>c. Any upper respiratory illness (sore thr</li><li>d. Loss of smell or taste</li></ul>	Oat, run	ny nose, congestion)		
e. Shortness of breath				
		anhy ta yayr		
Please call our office to reschedule if any of the b	·			
a. Diagnosed with Covid-19 within the la				
b. If you have come in contact with a Co	vid-19 p	ositive person within the last 14 days of your		

c. If you have traveled to a state or territory on the NY State quarantine list within the last 14 days of

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

appointment

your appointment

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

### <u>Authorization for Sterilization Surgery and other Procedures</u>

E-Signature of Client or Animal Agent	 Date			
To the best of my knowledge the information stated	on this form is true and accurate.			
I agree that I will be financially responsible for any population or any other unrelated medical problems	•			
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.				
If during treatment a condition is discovered that req such as hernia repair, dental extraction, or the admin his/her absolute discretion, perform such a procedur reasonable additional charges if any.	istration of IV fluids, the attending veterinarian may, at			
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.				
I understand there are medical risks associated with a limited to infection, hemorrhage, allergic reaction, ar compromise, and death. I understand that the SPCA exam but not perform a comprehensive cardiac exam procedure. I understand that there are increased risk perform extensive pre-operative diagnostic evaluation the pet is not current on recommended vaccines.	nesthetic drug reaction, anesthesia-induced cardiac Westchester, Cody's Clinic will perform a physical n, other diagnostic tests, or bloodwork prior to the			
Clinic to anesthetize, perform sterilization surgery, de	ntire page and authorize the SPCA Westchester, Cody's entistry, or other related medical care ["Procedure"] to otion "dog /cat"). I agree to pay according to the fee t arranged the procedure.			

#### POST OPERATIVE INSTRUCTIONS

FEEDING YOUR PET: In 2-3 hours of arriving home, offer your pet 1/3 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.

<u>PAIN MEDICATION</u>: 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. <u>Always</u> give this medication with food. You may put the pills in a treat, or you may have to pill the dog by placing it far back in the throat and holding the mouth shut until it swallows.

Cats: Your cat has been given an opioid pain injection that lasts three days.

<u>POST OPERATIVE CONE (E-COLLAR)</u>: <u>Mandatory</u> for all pets following surgery to prevent licking or chewing the infection or opening of the incision at the surgery site. If this does occur and the incision is re-opened, bacteria could be introduced causing a secondary infection and thereby interrupting the healing process.

<u>ACTIVITY</u>: 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 <u>particularly important</u> 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 be leash walk for a short period of time. Cats should remain indoors for their recovery period (10 days).

<u>SEROMA:</u> 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.

<u>CHECK INCISION</u>: 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.

<u>SUGGESTIONS</u>: Do <u>not</u> 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 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.

#### Pain Medication Release

Your pet has undergone a surgical procedure that may result in discomfort. We strongly recommend that you take home pain medication for your pet. Because we are a low cost spay/neuter clinic and in trying to make this procedure as affordable as possible, we have made the pain medication optional. If you elect to take the pain medication, there will be an additional charge. Pain medication can cause side effects such as vomiting, diarrhea, and potential decrease in liver and kidney function. If any abnormal behavior such as lethargy, inappetence, vomiting or diarrhea is exhibited, please discontinue medication immediately and contact your veterinarian.