



Spay/Neuter Application

Cody's Clinic

590 North State Rd, Briarcliff Manor, 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 you wear a mask to your appointment.

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 prior to your appointment.

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.

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: _____

Are you 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 over 5 years of age.

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 exam fee of \$35? **YES** **NO**
- Deciduous (baby teeth) will be removed at the time of procedure. The cost is \$20 per tooth. _____
- Any ear or skin infections will be treated at your expense. _____. Cost range \$24-\$75.
- Fleas will be treated with a combination of oral and topical medication for an additional \$30. _____

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 additional fee of \$50 to \$100.

Please check all requested services:

Procedures

- SPAY
- HERNIA REPAIR
- DEWCLAW REMOVAL (**Dogs only**)
- NEUTER
- CRYPTORCHID (inguinal/abdomen)

Services

Canine

- Distemper/DHPP - \$30
- Rabies - \$30
- Bordetella (Kennel cough) - \$30
- Influenza (H3N8, H3N2) - \$45
- Lyme - \$45
- Leptosporosis - \$35
- Heartworm/Lyme/E.canis/Anaplasma blood test \$45

Results: _____

Feline

- Feline Distemper/FVRCP - \$30
- Rabies - \$30
- Leukemia/FELV - \$40
- FIV/FELV Test

Results: _____

Up to date DHPP/FVRCP and RABIES are REQUIRED

Vaccine boosters due: _____

Other Services

- Microchip \$35
- Anal gland expression (**Dogs only**) \$25
- Deworming \$15
- Intestinal parasite check \$40
- Flea/Tick Prevention (Seresto, Vectra, Credelio, Catego)
- Heartworm prevention (Interceptor plus) Dogs Only

****Must have up-to-date heartworm test to purchase****

Results: _____

Highly Recommended

Declining these services can increase unnecessary pain for your animal.

- Would you like to purchase pain medication for your dog to go home with? \$25 **YES** **NO**
This medication is for dogs only, cats are given a slow release over 3 day pain medication.
If any lethargy, vomiting, diarrhea or inappetence please stop the medication and call your regular veterinarian.
- Would you like to purchase an e-collar for your cat or dog to go home with? \$10-\$15 **YES** **NO**

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:

- a. Dry cough
- b. Fever greater than 100°
- c. Any upper respiratory illness (sore throat, runny nose, congestion)
- d. Loss of smell or taste
- e. Shortness of breath

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

- a. Diagnosed with Covid-19 within the last 14 days of your appointment.
- b. If you have come in contact with a Covid-19 positive person within the last 14 days of your appointment
- c. 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****

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