



# Wellness Appointment

## Cody's Clinic

590 North State Rd, Briarcliff, NY 10510

*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.*

*Payment will be collected at the end of your appointment, credit or debit card, cash, (checks are not accepted).*

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

The following forms **AND** previous vaccination records are required and **MUST** be completed and emailed to [clinic@spcawestchester.org](mailto:clinic@spcawestchester.org), dropped off, or faxed to (914) 762-8312 prior to your appointment. Appointments are confirmed once all forms are received.

An up-to-date Rabies vaccine is **REQUIRED**. If you do not provide this documentation, we will administer the vaccine at your expense.

Appointment Date: \_\_\_\_\_ Client Last name: \_\_\_\_\_ Client First name: \_\_\_\_\_

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

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

Email address (required): \_\_\_\_\_

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 Animal: Dog  Cat

Alter status: Spay  Neuter  Intact

### 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 \$35? **YES**  **NO**
- Do you consent for the SPCA to administer the requested vaccines/services that you have marked off below? **YES**  **NO**

Please check all requested services:

### Services

#### Canine

- Distemper/DHPP - \$30
- Rabies - \$35
- Bordetella (Kennel cough) - \$30
- Influenza (H3N8, H3N2) - \$45
- Lyme - \$45
- Leptospirosis - \$35
- Heartworm/Lyme/E.canis/Anaplasma blood test \$50

#### Feline

- Feline Distemper/FVRCP - \$35
- Rabies - \$35
- Leukemia/FELV - \$40
- FIV/FELV Test \$55
- Feline Bartonella test \$70
- 1yr profender deworm \$20-\$35

**Up to date RABIES is REQUIRED by NY State Law**

### Other Services

- Microchip \$35
- Anal gland expression (**Dogs only**) \$25
- Deworming \$25
- Fecal \$45
- Ear cleaning \$25
- Preop, CBC \$65
- Vetscreen, CBC (middle-aged animals) \$160
- Senior profile \$250

- Flea/Tick Prevention (Seresto, Vectra, Credelio, Catego)
- Heartworm prevention (Interceptor plus) Dogs Only  
*\*\*Must have up-to-date heartworm test to purchase\*\**
- Nail Trim \$15/20
- Urinalysis \$70

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

\_\_\_\_\_  
E-Signature of Client or Animal Agent

\_\_\_\_\_  
Date