



# 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, Apple Pay cash, (checks are not accepted).

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

***Please wait in the clinic lobby or in your vehicle with your pets. For safety, please do not walk dogs through the property, including trails or play yards***

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: \_\_\_\_\_ Last name: \_\_\_\_\_ 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.) \_\_\_\_\_
- Has your pet previously had an adverse reaction to a vaccination? **YES** ☐ **NO** ☐ If yes, please explain: \_\_\_\_\_
- 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 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 1 year - \$35
- ☐ Distemper/DHPP 3 year - \$40
- ☐ Rabies 1 year - \$40
- ☐ Rabies 3 year - \$50
- ☐ Bordetella (Kennel cough) - \$40
- ☐ Influenza (H3N8, H3N2) - \$55
- ☐ Lyme - \$45
- ☐ Leptospirosis - \$35
- ☐ Heartworm/Lyme/E.canis/Anaplasma blood test \$55  
(4DX Snap Test)

Feline

- ☐ Feline Distemper/FVRCP 1 year - \$35
- ☐ Feline Distemper/FVRCP 3 year - \$40
- ☐ Rabies 1 year - \$40
- ☐ Rabies 3 year - \$50
- ☐ Leukemia/FELV - \$45
- ☐ FIV/FELV Test \$55
- ☐ Feline Bartonella test \$80
- ☐ 1yr profender deworm \$20-\$35

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

**Other Services in addition to vaccination(s)**

- |  |   |
|--|---|
| <input type="checkbox"/> Microchip \$50                                  | <input type="checkbox"/> Flea/Tick Prevention (Seresto, Vectra, Credelio, Catego) |
| <input type="checkbox"/> Anal gland expression ( <b>Dogs only</b> ) \$40 | <input type="checkbox"/> Heartworm prevention (Interceptor plus) Dogs Only        |
| <input type="checkbox"/> Deworming \$30                                  | <i>**Must have up-to-date heartworm test to purchase**</i>                        |
| <input type="checkbox"/> Fecal \$60                                      | <input type="checkbox"/> Nail Trim \$30   |
| <input type="checkbox"/> Ear cleaning \$30                               | <input type="checkbox"/> Urinalysis \$80  |
| <input type="checkbox"/> Vetscreen, CBC (middle-aged animals) \$175      |   |
| <input type="checkbox"/> Senior profile \$275                            |   |

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

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

\_\_\_\_\_  
Date