



Wellness Appointment

Cody's Clinic

590 North State Rd, Briarcliff Manor, 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 card or cash (checks are not accepted).

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: () _____
) _____

Email address (required): _____

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 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 exam 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 - \$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: _____
- 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 \$15
- Intestinal parasite check \$40
Results: _____
- Preop, CBC (young animals) \$60
- Senior profile (senior animals) \$225
- Flea/Tick Prevention (Seresto, Vectra, Credelio, Catego)
- Heartworm prevention (Interceptor plus) Dogs Only
Must have up-to-date heartworm test to purchase
- Nail Trim
- Ear cleaning
- Vetscreen, CBC (middle-aged animals) \$155
- Urinalysis \$65

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

E-Signature of Client or Animal Agent

Date

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****

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

