



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 you wear a mask to your appointment.

Please stay next to or inside your car while you wait so we can easily locate you for your appointment.

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, dropped off, or faxed to (914) 762-8312 prior to your appointment.

Appointments are confirmed once all forms are received.

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): _____

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 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 - \$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

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>