

Pet's Name _____

Date _____



ARKLE Veterinary Care, LLC
1020 Concord Road, Smyrna, GA 30080
(770) 435-6700

Cobb County Humane Society Low Cost Sterilization Client Authorization Form

I understand that the Cobb Humane Society spay/neuter certificate I am using for my pet's surgery includes the surgical procedure, anesthesia, admittance, hospitalization for the day of surgery, injectable pain medication and suture removal/incision recheck within 14 days of the procedure.

I understand that the Cobb Humane Society spay/neuter certificate I am using for my pet's surgery will ONLY be accepted if it is the original Spay/Neuter Certificate, and is submitted at the time my pet is checked in for surgery at ARKLE Veterinary Care, LLC.

I understand that if my pet shows aggressive behavior, contagious disease or poor health it may not be admitted for surgery.

I understand that my pet must be examined before surgery, and that, if in the opinion of the veterinarian, the pet is not a good candidate for anesthesia and surgery that the procedure will not be done. I will be informed of any tests and/or treatments recommended for my pet. I understand that this examination and consultation will cost \$48.00 in addition to the amount for the spay/neuter.

I understand that if my pet is in estrus (in heat), pregnant, has undescended/retained testicle(s) or is significantly over-weight there will be additional charges for my pet's surgery that are not included in the spay/neuter certificate.

I understand that if my pet has external parasites (such as fleas or ticks) the pet will be treated for these parasites. I understand that there will be additional charges for this treatment.

I understand that if I can not show proof from an Animal Hospital or Veterinarian of current Rabies, Distemper and Parvovirus/Panleukopenia vaccinations for this animal they will be administered to my pet and there will be additional charges for these vaccines.

I understand that there can be significant pain from this surgery and that my pet will receive medication to help prevent and control pain for the first 24 hours after surgery. Additional pain medication may make your pet more comfortable for the first few days after surgery. There are additional charges for this additional pain medication (call clinic for estimate, but currently about \$40). Please initial **one** of the following choices:

Yes, I want my pet to have take-home pain medication

No, I do not want my pet to have take-home pain medication

I understand that placing an IV catheter in my pet's vein provides ready access to my pet's blood stream to administer fluids and other drugs that may be indicated during surgery and anesthesia, as well as help protect internal organs and maintain normal blood pressure and help my pet recover from the procedure more quickly. The cost of IV catheter and fluid support is an additional charge of \$55.50. Please initial your choice for your pet below:

Yes, I want my pet to have an IV catheter **No**, I do not want my pet to have an IV catheter

I understand that all charges as described above are due and payable no later that at the time of discharge from the hospital after surgery.

Signature of owner/agent

Date

Witness

Date