

# Josey Ranch Pet Hospital Authorization for Medical/Surgical Treatment

\_\_\_\_\_  
Client

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Surgical Procedure

**Other Procedures:** Vaccs. [ ] Nail Trim [ ] Ear Clean [ ]

Microchip [ ] Anal Glands [ ] Other \_\_\_\_\_

I hereby authorize and direct the veterinarians of JOSEY RANCH PET HOSPITAL to perform the above procedures and additional diagnostic and/or treatment procedures as deemed advisable or necessary for my pet. The nature of the procedure(s) has been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risk involved in these procedures, including anesthetic risk. I have read and accept the above conditions of this hospital admission statement.

\_\_\_\_\_  
Signature of owner/agent

\_\_\_\_\_  
Emergency Contact Numbers

I hereby authorize and direct the veterinarians of JRPH to perform any Dental Extractions and or x-rays as deemed necessary. (Please initial) \_\_\_\_\_

## Pre-Anesthetic Blood Screening

Your pet is in for anesthesia/surgery and will be given a full physical exam before anesthesia is administered. However, because many internal problems may not be detectable upon exam and furthermore may not be evident at home, pre-anesthetic blood work is highly recommended on all patients and required for any patient 7 years and older unless blood work has been run within the past 2 weeks. This mini pre-anesthetic blood profile searches for evidence of liver and kidney problems, diabetes, anemia or other infectious problems and has a cost of \$53.36

PLEASE INDICATE YOUR CHOICE BY INITIALING ON THE APPROPRIATE LINE BELOW

\_\_\_\_\_ Please COMPLETE the bloodwork  
You recommended prior to surgery on my pet.

\_\_\_\_\_ I have decided to REFUSE the  
recommended pre-op lab work at this time and  
request that you proceed with the surgical  
procedure. (This option is not available for  
patients 7 years or older.

