

Laser Consent Form

Owner's name _____ Date _____
 Pet's Name _____ Species _____ Breed _____

Advances in Veterinary Medicine and Laser Surgery, now make LASER in our surgical procedures available to our clients. We strive to provide the best possible care for your pet and we feel that LASER surgery provides the best possible care for your pet. The main reasons for this are:

1. The LASER seals raw, throbbing nerve endings... significantly reducing post-op pain for your pet.
2. The LASER provides little or no blood loss for your pet, because the LASER seals small blood vessels.
3. The LASER produces little or no swelling for your pet, because the LASER seals the lymphatics.
4. The LASER allows precision in removal of abnormal tissue.
5. The LASER may allow for fewer stitches or eliminate sutures completely.
6. The LASER may produce a faster recovery.

I understand that LASER surgery is an option and have been advised of the surgical risks that are involved.

- Yes, I want my pet to have LASER surgery, which is the best care available (\$ _____)
- No, I do not want my pet to have LASER surgery

 Signature of Owner/Agent

 Date

The companion Therapy Laser provides a revolutionary new approach for preventing and managing pain post-op. It is the most powerful therapy laser available today. It can significantly reduce healing time by penetrating deep within tissues to encourage healing by:

- Reducing inflammation
- Stimulating tissue healing
- Providing pain relief

Laser therapy can be a complimentary and effective treatment solution.

- Yes, I want my pet to have Companion Therapy Laser treatment (\$ _____)
- No, I do not want my pet to have Companion Therapy Laser treatment.

 Signature of Owner/Agent

 Date