

## Laser Surgery Consent Form

As part of our commitment to quality care, we are pleased to offer laser surgery as an option for safe, comfortable treatment for your pet. We feel that laser surgery provides the best possible care for your pet.

**If this form is not properly filled out, then all tests and procedures deemed appropriate by the Doctor will be performed at the owner's expense.**

### ***Advantages include:***

1. **Less pain** – the laser seals nerve endings as it “cuts”, so your pet may require fewer anesthetics during the operation, also reducing pain after the surgery. This is a great benefit, especially for declaw surgeries in cats.
2. **Less Bleeding** – the laser seals small blood vessels during the surgery, greatly reducing blood loss. This is a great advantage during more complex surgeries such as spays (ovariohysterectomies) and neuters (castrations).
3. **Less swelling** – laser energy does not crush, tear or bruise the tissue because there is no physical contact with the tissue.

Your pet will be treated with a carbon dioxide laser, which produces an invisible beam of light that can remove a precise layer of tissue at one time. This can reduce your pet's post-operative recovery time, leading to a quicker return to normal activities.

I understand that laser surgery is an option, unless otherwise stated, and I have been advised of the advantages this procedure will offer.

**Yes**, I want my pet to have laser surgery. \_\_\_\_\_ (initials)

Cost **in addition** to normal surgery costs:

- **Level 1** \$29.50 (neuters, minor skin lesions such as warts, etc.)
- **Level 2** \$49.50 (ovariohysterectomies (spays), declaws, oral surgery, eyelid repair, etc.)
- **Level 3** \$72.50 (larger tumor removals, orthopedic procedures, etc.)

**No**, I decline the laser surgery for my pet. \_\_\_\_\_ (initials)

I understand that, laser surgery is **required** for all declaws, no exceptions, and the cost is in addition to the basic surgery costs.

**Print Name:** \_\_\_\_\_ **Pet's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE** Surgery Date: \_\_\_\_\_ Client ID: \_\_\_\_\_