



Centerville Animal Hospital
300 Centerville Turnpike S.
Chesapeake, VA 23322
(757) 482-9410

LASER SURGERY AUTHORIZATION FORM

I, {FULLNAME} (owner's full name), am aware that the veterinarian(s) of Centerville Animal Hospital recommend the use of CO2 Laser to perform surgery on my pet, {NAME} (pet name), for the following procedure: _____ . I am aware that there is an additional charge for this service.

I authorize the use of the CO2 Surgical Laser. (initials) _____
 I decline the use of the CO2 Surgical Laser. (initials) _____

- Centerville Animal Hospital is happy to provide an alternative to traditional surgery techniques. The use of a CO2 laser for surgical purposes is believed to:
- Minimize surgical and therefore anesthesia time
- Contribute to less bleeding by sealing blood vessels
- Contribute to less pain by sealing nerve endings
- Cause less tissue damage
- Reduce the risk of infection
- Contribute to a faster, more comfortable recovery

POST-OPERATIVE LASER THERAPY

I, {FULLNAME} (owner's full name), am aware that the veterinarian(s) of Centerville Animal Hospital recommend the use of a class IV therapy laser as part of my pet's post-surgical pain management. One post-operative application is intended to reduce swelling and to speed the healing process. I am aware that there is an additional charge for this service.

I authorize laser therapy as part of post-operative pain management (initials) _____
 I decline laser therapy as part of post-operative pain management. (initials) _____

{CLIENTSIGNATURE}
(Owner's signature)

{CURRENTDATE[LONG]}
(date)