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### Laser Therapy Consent Form

Client ID:  
Client Name:  
Address:

Telephone: ( ) -

Patient ID:  
Name:  
Species:  
Breed:  
Sex:  
Color:  
Markings:  
Birth Date:

I hereby certify that I am the owner of the above-named animal or am responsible for it and have the authority to execute this consent.

\_\_\_\_\_ I hereby authorize the performance of the following therapy laser procedure(s):

\_\_\_\_\_ I do not authorize the performance of the following therapy laser procedure(s):

Therapy laser works at the cellular level to decrease pain and inflammation. In doing this, it promotes faster healing times and increased range of motion. It does not involve any medications and is considered an holistic approach. Laser therapy works in combination with other forms of treatment and is a supportive care supplement versus a cure. Special glasses must be worn if you would like to be present for the treatment as the laser beam is applied over the desired area(s) in need of healing. This can be a startup treatment for chronic conditions as 3 sessions week 1, then 2 sessions week 2, then 1 session week 3; or a maintenance session post startup (1 session every 3-6 weeks as needed); or can be used postsurgically (1 session) or on acute conditions as doctor prescribed. Sessions can last 2-30 minutes depending on the number of areas applied and how chronic the condition is.

I agree to indemnify and hold Veterinary Medical Center harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

Signature:  
Date: