



# Equine Laser Therapy

661-857-5205 | [equinelasertherapy.com](http://equinelasertherapy.com)

## Disclosure and Consent - Pet Laser Treatment

I, the undersigned, voluntarily request laser therapy for my pet \_\_\_\_\_  
(hereinafter referred to as "Pet") using a therapy laser.

- I voluntarily consent and authorize that this laser treatment be performed by Denise Leeper and or her assistants (hereinafter referred to as "Therapist"). I understand that Therapist is not a veterinarian and is not licensed to practice veterinary medicine or veterinary therapy. I hereby release discharge and hold harmless Therapists, their agents, affiliates, employees, and Pegasus Therapy Lasers, from any and all liability for any adverse effects that may result from this treatment and related procedures.
- For the purposes of accurate record keeping in connection with the care and laser treatment, I, the undersigned, consent to have close-up photographs or videos of the involved area(s) and the anatomical region surrounding the involved area(s). These photographs may be used for treatment purposes, and other purposes including advertising.
- I recognize that this laser treatment is not an exact science and I acknowledge that no guarantees or assurances have been made to me as to the result or cure. There are risks related to the performance of these procedures. I understand and acknowledge that the risks that may occur in connection with this particular procedure may include the following:
  1. Blindness and eye damage - The laser, without protective eyewear, may cause visual loss including blindness. I acknowledge and agree that my Pet and I must use protective eyewear in order to protect from accidental laser exposure.
  2. Burning or scarring - The laser may result in burning or scarring or hair loss at the affected area.
  3. Bruising and swelling- In rare cases the laser may cause some bruising or swelling.
- I Understand and acknowledge that I have been informed that multiple treatments are often required to cause long-term results and that some patients have no results even with multiple treatments.
- I have been given an opportunity to ask questions about this treatment, the procedure to be used, and the risks and hazards involved, and I have sufficient information to give the informed consent to this treatment on my Pet. By signing below, I certify that I have read and fully understand the contents of this document and that I understand all of the disclosures referred to herein. I certify that I am a competent adult of at least 18 years of age, the legal owner of the Pet. I hereby authorize the Therapist(s) to perform this treatment and am responsible for the payment of all charges in connection with this therapy.

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Signature of Owner

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Printed Name

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Date