

INFORMED CONSENT STATEMENT—ALPRAZOLAM (XANAX)

It has been recommended that your pet be treated with a medication that is not licensed for use in domestic pet animals. This means that use of it in your pet is considered “extra label.” This does not mean that the medication is dangerous to pets, just that pets were not the subjects tested for approved use. We often know a lot about potential undesirable/side effects of these medications because dogs and cats are the animals on which toxicity data have been collected by the drug company.

This medication has been chosen for your pet because it has been deemed to have the potential to be efficacious. This is not a guarantee that the medication will be efficacious in treating your pet’s problem.

As with all medications, the medication that your pet will be taking may have potential undesirable/side effects. Although side effects are rare and every effort has been made to minimize them, you should know what the potential side effects are because the occasional animal may not be able to tolerate the medication. The medication prescribed for your pet, alprazolam (Xanax), is a benzodiazepine. It may cause your pet to be very slightly sedated and/or ataxic for a few days. Potential side effects may include changes in heart and respiratory rates, vomiting, diarrhea, inappetence, lethargy, and fainting. Severe depression or sedation is not to be desired or expected. If your pet becomes sedated or depressed, stop the medication and call us immediately. This medication may make some pets more assertive. Although these side effects are rare, and when experienced are usually transient, there have been reports of extremely rare cats experiencing toxic effects when given benzodiazepines. If your pet experiences any of these undesirable and worrisome effects, please call us so that we can make informed decisions about your pet’s care. Please be aware that this medication is a humanly abusable substance and should not be used in some households.

After you have read this statement, please sign below indicating that you understand the statement and can comply with it. A copy will be provided for your information so that you can refer to it if needed.

Date: _____ Patient: _____

Client’s name/signature: _____

Clinician’s name/signature: _____

Contact number for questions/problems: _____

Emergency number: _____