

INFORMED CONSENT STATEMENT—IMIPRAMINE (TOFRANIL)

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, imipramine (Tofranil), is a tricyclic antidepressant (TCA). It may cause a slight increase in thirst, but has not been associated with house-soiling accidents in pets. Potential side effects may include an increased heart rate, increased respiratory rate, vomiting, diarrhea, inappetence, lethargy, and fainting. Markedly increased heart rates may be associated with the early signs of serotonin syndrome, a potentially serious condition. Learn how to take your pet’s heart rate and keep a record of it under varied conditions so that you can monitor your pet for potential marked and worrisome increases. Although these side effects are rare, and when experienced are usually transient, if your pet experiences any of the undesirable and concerning effects, please call us so that we can make informed decisions about your pet’s care. Please do not use this medication if your pet is taking any MAO-I, including Preventics collars, and amitraz dips.

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: _____