

# Fear Free<sup>SM</sup>

## Pre-Visit Pharmaceuticals



DRUG	CLASS & ACTION	DOSAGE*	SIDE EFFECTS	WARNINGS	NOTES
acepromazine	sedative	depends on other drugs in combination; single agent use: <b>Dog/Cat:</b> .05-2.0 mg/kg PO	increased aggression; increased noise responsiveness	possible increased aggression	not recommended as a single drug agent; use in combination with anxiolytic drugs for adjunctive sedation
alprazolam	anxiolytic – panicolytic effects in humans	<b>Dog:</b> 0.02-0.1 mg/kg/dose PO; <b>Cat:</b> 0.125-0.25 mg/ <b>CAT (NOT /kg)</b> PO; administer 30-60 min before need	ataxia; paradoxical excitation;	possible behavioral disinhibition	metabolized by hydroxylation – may reduce potential for liver toxicity in cats; test dose in advance of need
clonidine	alpha-2 agonist – reduce noradrenaline effects	<b>Dog:</b> 0.01-0.05 mg/kg/dose PO; <b>EFFICACY NOT ESTABLISHED IN CATS;</b> administer 1 ½ hours before need	sedation; ataxia; constipation	<b>DOSE/EFFICACY NOT ESTABLISHED IN CATS</b>	can be used in combination with other anxiolytic drugs
diazepam	anxiolytic	<b>Dog:</b> 0.5-2.0 mg/kg/dose PO; <b>DO NOT GIVE TO CATS PO;</b> administer 30-60 min before need	ataxia; paradoxical excitation; may be increased activity at higher doses	possible behavioral disinhibition; avoid in cats due to potential hepatotoxicity	metabolized rapidly; variable response among individuals

\*Individual variability: Pre-visit test dosing recommended to verify time to onset, dose, effect, duration of effect, and any possible adverse effects to insure that drugs can be given sufficiently in advance of visit to be achieve peak effect.

DRUG	ACTION	DOSAGE*	SIDE EFFECTS	WARNINGS	NOTES
gabapentin	neuropathic pain/analgesia; calming/sedation at higher doses; decreased anxiety	<b>Dog:</b> 10.0-40.0 mg/kg/dose PO; <b>Cat:</b> 10.0-20.0 mg/kg/dose or 50.0-100.0 <b>mg/CAT (NOT /kg)</b> ; administer 1-2 hours before need	may intensify sedation from other drugs		combines well with other drugs; for maximum sedation give a loading dose the night before
lorazepam	anxiolytic	<b>Dog:</b> 0.02-0.1 mg/kg/dose PO (up to 0.5 mg/kg/dose); <b>Cat:</b> 0.25-0.5 <b>mg/CAT (NOT/kg)</b> PO; administer 45-60 min before need	ataxia; paradoxical excitation;	possible behavioral disinhibition	no active intermediate metabolite - safer for hepatic & geriatric patients
trazodone	anxiolytic, sedation	<b>Dog:</b> 3.0-10.0 mg/kg/dose PO (max dose of 300 mg); <b>Cat:</b> 50.0 <b>mg/CAT (NOT /kg)</b> ; administer 1-2 hours before need	sleepiness; paradoxical excitation; variable mild GI effects; may cause 3 <sup>rd</sup> eyelid protrusion in cats	use caution when combining with other drugs that may increase serotonin (SSRIs, TCAs, tramadol, tryptophan)	4+ hours duration; compatible with injectable sedation & gas anesthesia; best given on an empty stomach; for dogs consider loading dose the night before
*Individual variability; Pre-visit test dosing recommended to verify time to onset, dose, effect, duration of effect and any possible adverse effects to insure that drugs can be given sufficiently in advance of visit to be achieve peak effect.					

## Pharmaceutical Use and Owner Consent

Not all of the drugs in these charts are FDA-approved for use in dogs and cats. Drugs like the alpha-2 agonists and acepromazine are often used at **lower** than the FDA-approved dose as profound sedation is not always necessary. However, all of the dosages in this chart are commonly used in practice and are referenced in the veterinary literature.

The AVMA Policy on Owner Consent states that veterinarians or staff should provide sufficient information in a form and manner that enables owners or their authorized agents to make appropriate decisions when choosing the veterinary care provided. An assessment of risks and benefits of recommended treatments should be provided. In response owners or their authorized agents should indicate:

- Their questions have been answered to their satisfaction
- The information received by them has been understood
- They are consenting to the recommended treatments

The consent can be verbal or written and should be documented in the medical record by the veterinarian or staff member.

Taken from the AVMA Policy on Owner Consent in Veterinary Medicine. You should review the complete policy here:  
<https://www.avma.org/KB/Policies/Pages/Owner-Consent-in-Veterinary-Medicine.aspx>