Ivermectin for the treatment of demodicosis

Dog to receive ivermectin treatment: ________________________________

1. I, the undersigned, am the owner or the authorized agent for the owner of the above named dog and agree to the extralabel use of the drug ivermectin to treat the dog's skin disease.

2. I understand that ivermectin is being dispensed for extralabel use, which in this case is being used at a higher dose rate, at a shorter dosing interval, in a different species, and for a different disease than the FDA-approved use.

3. I agree to follow instructions in using ivermectin as clearly and fully explained to me by the undersigned clinician.

4. It has been explained to me that the possible side effects of the extralabel use of ivermectin may be dose-dependent or idiosyncratic (an individual hypersensitivity to the drug).

   a. The side effects of ivermectin include decreased activity, anorexia, vomiting, diarrhea, weakness, muscle tremors, dilated pupils, ataxia (incoordination), blindness, seizures, and collapse. In severe cases, death can also occur.

   b. I understand that there is no specific antidote for ivermectin toxicosis (side effects). If side effects occur, supportive treatment is available if I elect it.

   c. I also understand that ivermectin at this dose must not be administered to collies, collie crosses, or any dogs of herding breeds. Side effects may still be seen in other breeds.

Drug description, use, and dose
Ivermectin 1% for the treatment of canine generalized demodicosis.
___ mg/kg orally once daily until the mite infestation has been resolved as determined by a veterinarian.

______________________________________________________________  ________________
Signature of Owner/Agent                                            Date

______________________________________________________________  ________________
Signature of Clinician                                                Date

______________________________________________________________  ________________
Witness                                                               Date