



## **Pain Treatment with Opioid Medications: Comfort Kit Client Agreement\***

I, \_\_\_\_\_, understand and voluntarily agree that (initial each statement after reviewing):

\_\_\_\_\_ My pet is being prescribed this opioid medication to be used in case of a pain emergency, prior to a doctor being able to perform humane euthanasia to end or prevent suffering.

\_\_\_\_\_ If the comfort kit is not needed prior to my pet's passing, I understand that I must immediately discard the medication(s) appropriately. The appropriate way to dispose of medication is to squirt into the sink or toilet and rinse thoroughly. All needles must also be disposed of properly via a sharps container.

\_\_\_\_\_ I will keep the medicine safe, secure and out of the reach of children and unauthorized adults. If the medicine is lost or stolen or used prior to the anticipated date, I understand it will not be replaced until my next appointment, and may not be replaced at all.

\_\_\_\_\_ I will give my pet the medication as instructed and not change the way I give it without first talking to the doctor or other member of the treatment team.

\_\_\_\_\_ I understand how to give a subcutaneous (under the skin) injection to my pet. If I am unfamiliar with the technique, I will ask for additional instruction and/or demonstration. A video describing the technique can be found here: <https://www.youtube.com/watch?v=JrC7VHd-uro>.

\_\_\_\_\_ I understand that opioid pain medications can cause a decreased respiratory drive and may be enough sedation for my pet to pass after administration. Opioid pain medications may also cause vomiting, although this usually only occurs once after administration.

\_\_\_\_\_ I will not sell this medicine or share it with others. I understand that if I do, my pet's treatment will be stopped.

\_\_\_\_\_ I will tell the doctor all other medicines that I give my pet, and let him/her know right away if I have a prescription for a new medicine for my pet.

\_\_\_\_\_ I understand that I may lose my right to treatment in this office if I break any part of this agreement.

Client First and Last Name (Printed): \_\_\_\_\_

Client Date of Birth (required for Virginia Prescription Monitoring Program): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Pet's name: \_\_\_\_\_

Printed Date: \_\_\_\_\_