

FERRET FORMULARY

Note that all of these doses are approximations and must be titrated to the animal's strain, age, sex and individual responses. Significant departures from these doses should be discussed with a veterinarian. Doses will also vary depending on what other drugs are being administered concurrently.

All doses are listed as milligrams per kilogram (mg/kg) unless otherwise noted.

DRUG NAME	DOSE (mg/kg) & ROUTE	FREQUENCY	NOTES
Inhalation anesthetics			
Recommended: Isoflurane or Halothane or Sevoflurane	1-3% inhalant to effect (up to 5% for induction). Up to 8% for sevoflurane	Whenever general anesthesia is required	Concurrent preemptive analgesia is recommended for survival surgery Must use precision vaporizer.
Ketamine combinations			
Recommended: Ketamine-Midazolam	5-10 + 0.1-0.2 IM or SC (in same syringe)	As needed	May not produce surgical-plane anesthesia for major procedures, but may be useful for restraint. Note that IM Ketamine combinations often sting upon injection.
Recommended: Ketamine-Diazepam	6 - 11 + 0.05 – 0.2 IV (in same syringe)	As needed	May not produce surgical-plane anesthesia for major procedures.
Ketamine-Medetomidine	5 - 10 + 0.6 – 1.0 IM or SC (in same syringe)	As needed	May not produce surgical-plane anesthesia for major procedures. If redosing, use ketamine alone. May be partially reversed with Atipamezole. Note that IM Ketamine combinations often sting upon injection.
Ketamine alone	10 - 22 IM or SC	As needed	Deep sedation, but not surgical anesthesia. Not often used alone.
Reversal agents			
Atipamezole	~ 1.0 subcutaneous or IM	Any time medetomidine or xylazine has been used	More specific for medetomidine than for xylazine (as a general rule, Atipamezole is dosed at the same <i>volume</i> as Medetomidine, though they are manufactured at different concentrations).
Other injectable anesthetics and tranquilizers			
Sodium pentobarbital (Nembutal)	20 - 60 IV single or intermittent bolus, or 2-20 mg/kg/hr IV continuous infusion	Recommended for terminal/acute procedures only, with booster doses as needed. Occasionally used on survival basis when cortical evoked responses are being measured.	Consider supplemental analgesia (opioid or NSAID) for invasive procedures.
Sodium thiopental (Pentothal)	13 – 26 IV	As induction agent, prior to general anesthesia with pentobarbital or inhalant	Consider supplemental analgesia (opioid or NSAID) for invasive procedures
Propofol	16 - 22 IV	As induction agent, prior to general anesthesia with pentobarbital or inhalant	Respiratory depression upon induction is possible.

Acepromazine	0.08 – 0.2 IM or SC	May be used whenever ketamine combinations are used	Usually only used in conjunction with anesthetics such as ketamine. Acepromazine confers no analgesia.
Opioid analgesia			
Recommended: Buprenorphine	0.01 - 0.05 mg/kg IM, SC	Every 8-12 hours	
Recommended: Butorphanol	0.05-0.5 mg/kg SC	Every 4 hours	
Non-steroidal anti-inflammatory analgesia (NSAID) -- Note that prolonged use may cause renal, gastrointestinal, or other problems			
Flunixin	0.5-2 mg/kg SC	Every 24 hours	Consult with Veterinary services regarding repeated administration
Aspirin	12-20 mg/kg PO	Every 24 hours	
Local anesthetic/analgesics (lidocaine and bupivacaine may be combined in one syringe for rapid onset and long duration analgesia)			
Bupivacaine	1-2 mg/kg maximum dose, mixed with lidocaine at 1-4 mg/kg lidocaine	Use locally before making surgical incision	
Lidocaine	1-4 mg/kg maximum dose mixed with bupivacaine at 1-2 mg/kg bupivacaine	Use locally before making surgical incision	