

Sun			Mon			Tue			Wed			Thu			Fri			Sat					
1	5	10	1	5	10	1	5	10	1	5	10	1	5	10	1	5	10	1	5	10	1	5	10
AM	MID	PM	AM	MID	PM	AM	MID	PM	AM	MID	PM	AM	MID	PM	AM	MID	PM	AM	MID	PM	AM	MID	PM

Medication Legend

- AB Antibiotics
- AH Antihistamines
- AS Allergy Serum Inj.
- B Bathing
- F Food
- K Ketoconazole
- S Steroids
- TO Topical
- Other

Current recommendations

<i>Drug (size)</i>	<i>Quant.</i>	<i>Freq.</i>
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THANK YOU for helping us to track your pet's response to therapy. A sample of how to fill out to chart is at the right. Please record medication use and response each day. Once the calendar is full, please mail (address above) or fax the calendar to **702-821-1002**. We will contact you with any recommendations after reviewing the information.

NOTES:

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SAMPLE

10	AM	MID	PM
A	1/2		1/2
T	X		-
S	1/2		

"X" = given, "-" = skipped

..... 10

Daily Itch Scale
1 not itchy, 10 very itchy.
OR Lesion Appearance
1 normal, 10 worst.