

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

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

Current recommendations

Drug (size)	Quant.	Freq.
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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 (253) 596-5093. 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.