

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
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

**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.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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 **480-635-1177**. We will contact you with any recommendations after reviewing the information.

**NOTES:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SAMPLE**

14	1       5       10   AM MID PM
AB	1/2             1/2
TO	X             -
S	1/2

"X" = given, "-" = skipped

1       5       10
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**Daily Itch Scale**

1 not itchy, 10 very itchy.

**OR Lesion Appearance**

1 normal, 10 worst.