

4 Week Treatment Calendar for:

Dates: _____

<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10

Please circle itch level (1-10) each day.

Key: AS=Allergy serum; AB=Antibiotic; AF=Antifungal; AH=Antihistamines; AP=Apoquel; S=Steroids; T:Topical; BA=Bath; E=Ear meds/cleaning
Bring all completed calendars with you to recheck appointments so we can track progress. Please call with any questions/concerns.

Oregon Veterinary Referral Associates-Dermatology 541-726-1100 or xrays@ovra.com