

4 Week Treatment Calendar for:

Dates: _____

<input type="checkbox"/> 12345678910	<input type="checkbox"/> 12345678910	<input type="checkbox"/> 12345678910	<input type="checkbox"/> 12345678910	<input type="checkbox"/> 12345678910	<input type="checkbox"/> 12345678910	<input type="checkbox"/> 12345678910	<input type="checkbox"/> 12345678910
<input type="checkbox"/> 12345678910	<input type="checkbox"/> 12345678910	<input type="checkbox"/> 12345678910	<input type="checkbox"/> 12345678910	<input type="checkbox"/> 12345678910	<input type="checkbox"/> 12345678910	<input type="checkbox"/> 12345678910	<input type="checkbox"/> 12345678910
<input type="checkbox"/> 12345678910	<input type="checkbox"/> 12345678910	<input type="checkbox"/> 12345678910	<input type="checkbox"/> 12345678910	<input type="checkbox"/> 12345678910	<input type="checkbox"/> 12345678910	<input type="checkbox"/> 12345678910	<input type="checkbox"/> 12345678910
<input type="checkbox"/> 12345678910	<input type="checkbox"/> 12345678910	<input type="checkbox"/> 12345678910	<input type="checkbox"/> 12345678910	<input type="checkbox"/> 12345678910	<input type="checkbox"/> 12345678910	<input type="checkbox"/> 12345678910	<input type="checkbox"/> 12345678910

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

Key: AS=Allergy serum; AB=Antibiotic; AH=Antifungal; AF=Antihistamine; 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.

Veterinary Allergy & Dermatology Services, 5105 Main St. Springfield, OR 97478 (541) 988-5458