Dermatology Clinic for Animals Las Vegas **1-702-821-1002**

Pet's Name:_____

http://dermvetvegas.com/ Month of_____, 20_____ Client's Name:_____

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 **702-821-1002**. We will contact you with any recommendations after reviewing the information.

NOTES:

SAMPLE

10	AM	MID	PM	10
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.