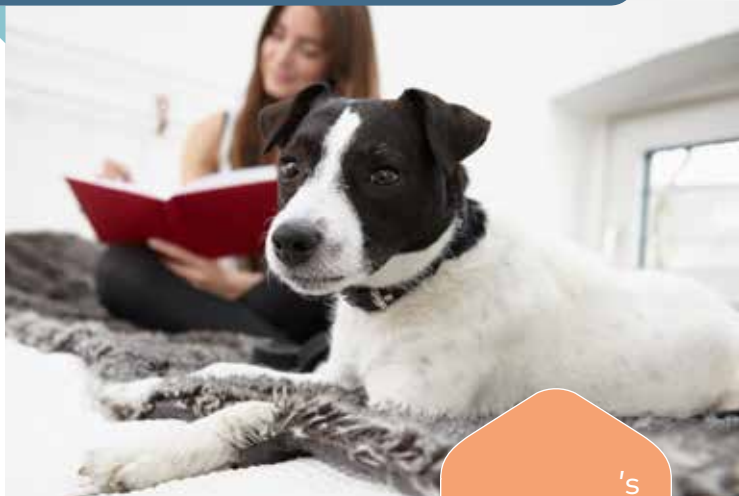


## Artuvetrin® Treatment Diary



\_\_\_\_\_ 's  
allergy diary  
—

Record your pet's symptoms,  
dosages and progress

# Introduction

Your veterinarian knows how challenging it is to relieve your pet of atopy, which is why Artuvetrin® Therapy has been prescribed. Atopy is a hereditary allergy to substances from the environment such as pollen from plants (grasses, weeds and trees), dust and storage mites, molds and dander. These substances are also called allergens.

Artuvetrin® Therapy is the only treatment that addresses the cause of allergy, not only its symptoms, and allows long term relief without long-term side effects.

With this treatment, very small amounts of allergens to which your pet is allergic are injected subcutaneously (beneath the skin) in increasing amounts.

The goal is to change the immune system's response so that it becomes less sensitive or not sensitive at all to the allergens. As a result, the allergic reaction and symptoms will decrease or disappear.



The Artuvetrin® Therapy you have received is personalised for your pet and is prepared with the allergenic extracts that are responsible for your pet's allergy.



**Your Pet's name**

**Your Pet's therapy**

Artuvetrin® Therapy

**Allergens included**

| Vial 1 | Vial 2 | Vial __ |
|--------|--------|---------|
| 1.     | 1.     | 1.      |
| 2.     | 2.     | 2.      |
| 3.     | 3.     | 3.      |
| 4.     | 4.     | 4.      |
| 5.     | 5.     | 5.      |
| 6.     | 6.     | 6.      |
| 7.     | 7.     | 7.      |
| 8.     | 8.     | 8.      |

**Batch number**

# How to start the Artuvetrin® treatment?

**Before starting the treatment, we recommend you read the Pet Allergies brochure and information leaflet for Artuvetrin® Therapy.**

The first dosage starts at 0.2 ml, after which it is gradually increased over longer intervals to a maximum of 1 ml. In some cases, this treatment schedule can be too fast. If so, it is possible to deviate from the standard dosage schedule by following your veterinarian's recommendation.

Once the maintenance dose of 1 ml is reached (after 13 weeks), continue a monthly injection interval. This maintenance interval can also be adjusted depending

on the time period that provides the best control.

One Artuvetrin vial contains enough treatment for 10 months, when using the standard dosage schedule. Artuvetrin is a lifelong treatment and a repeat order should be placed as soon as you finish the current vial, this way your pet can continue with the treatment without missing a dose.

Compliance with the treatment schedule and dosages is very important for your pet's recovery.



| Advised schedule        | Dosage | Advised schedule   | Dosage |
|-------------------------|--------|--|--------|
| Week 1                  | 0.2 ml | 4 weeks later (week 25)                                  | 1.0 ml |
| 2 weeks later (week 3)  | 0.4 ml | 4 weeks later (week 29)                                  | 1.0 ml |
| 2 weeks later (week 5)  | 0.6 ml | Week 33  | 1.0 ml |
| 2 weeks later (week 7)  | 0.8 ml | <b>It is time to reorder!</b><br>Please contact your vet |        |
| 3 weeks later (week 10) | 1.0 ml |  |        |
| 3 weeks later (week 13) | 1.0 ml | <b>Maintenance period:</b><br>1.0 ml every 4 weeks.      |        |
| 4 weeks later (week 17) | 1.0 ml |  |        |
| 4 weeks later (week 21) | 1.0 ml |  |        |

## What if I have 2 or more treatment vials?

In some cases, animals are allergic to several allergens and for that reason we cannot include all of them into a single vial. Therefore, we divide the allergens into two or more separate vials (maximum per vial is 8 allergens) to ensure each allergen is absorbed properly. The content of each vial should be administered at the same time, but alternating injection sites across the shoulder area to avoid repeated injections in one site.



# Why record in this Artuvetrin® Treatment Diary?

The best possible results can be achieved by recording your pet's symptoms, progress and dosages. With the help of this Artuvetrin® Treatment Diary, you and your vet can:

## 1. See when a dosage adjustment is necessary

Every pet's allergy condition is unique. Therefore, the dose and interval between injections should be tailored according to your pet's response. The best results can be achieved with an optimal dosage for your pet.

## 2. Causes of flare-ups can be found easier

A flare-up is a situation where symptoms suddenly appear or worsen. By recording symptom's severity and relevant remarks such as bath, flea treatment, swimming, etc., causes of flare-ups can be found and solved easier.

## 3. Recognise secondary infections

If the symptoms worsen, it is possible that your pet may have another skin problem. Noticing increasing symptoms in your records enables you to consult your vet on time.

## 4. See when additional medications can be lowered

When records show that your pet is doing well, your vet can decide to reduce the dosage of additional medication.

## 5. Compare before and after treatment results

This Artuvetrin® Treatment Diary can give you and your vet a clear overview of the before and after results.

Take this Artuvetrin® Treatment Diary with you every time you visit your veterinarian.

# How to use this Artuvetrin® Treatment Diary

The following pages show a table for every week and allow you to record the following:

**1. Week** Write the number of weeks your pet has been on Artuvetrin® and record your pet's symptoms and dosage.

**2. Dosage** Select yes or no depending if you have given an injection in this specific week or not. If yes, please write the amount of ml and date.

**3. Symptoms / remarks** Please write which symptoms you have seen in this week and which relevant activity occurred such as bath, flea treatment, swimming, etc.

Itching is the most common symptom of atopy. But also skin redness, injuries, inflammation, hair loss, pimples, scales, crusts and ear problems can be seen as a result of scratching, biting, licking and rubbing.

**4. Severity** Please mark how severe the symptoms were at day and at night. For example, itching can be more severe at night than at day when your pet is distracted.

## Nothing – minimal

No itching while sleeping, eating, playing, exercising or distracted.

## Minimal – average

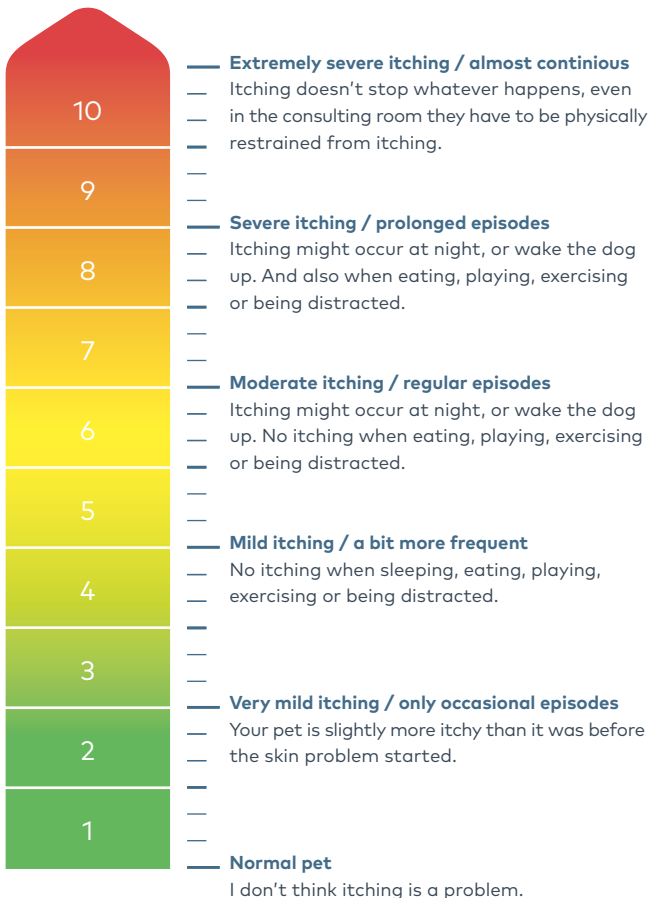
Itching might occur at night. No itching while eating, playing, exercising or distracted.

## Average – severe

Itching occurs at night, but also while eating, playing, exercising or distracted.

You can also use the itchy scale on the next page and record the number at which you think your pet's level of itchiness is.

# Itchy scale: how itchy is your pet?





# Injection technique

We recommend that, at least, the first injections are performed at your veterinarian in order to evaluate your pet's response.



- **Always use a new needle and syringe**

- Draw the correct dosage in syringe. Always double check.
- Insert the needle but do NOT INJECT; gently pull back on the plunger and check for blood. If blood is present, remove the needle, select a new location, reinsert the needle and pull back on the plunger to check for blood as before. If after pulling back, there is no blood present, inject the prescribed dose.
- In cases where two or more treatment vials are prescribed, alternate injection sites across the shoulder area to avoid repeated injections in one site.
- Treatment vials are to be refrigerated when not in use; do not freeze.
- Always record the injection date, the given dose amount and your pet's response to the injection in this Artuvetrin® Treatment Diary.
- Report any concern or unusual response to your veterinarian immediately.



# Artuvetrin<sup>®</sup> Treatment Diary

| Week: _____   | Symptoms / remarks        | Severity |                          |                                     |                                     |
|---|---------------------------|----------|--------------------------|-------------------------------------|-------------------------------------|
| Dosage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>0.2</u> ml | itchy +<br>flea treatment | Day      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Date: <u>00</u> - <u>00</u> - <u>0000</u>   |                           | Night    | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |







| Week: _____   | Symptoms / remarks | Severity |                          |                          |                          |
|---|--------------------|----------|--------------------------|--------------------------|--------------------------|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date: _____ - _____ - _____   |                    | Night    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |







| Week: _____   | Symptoms / remarks | Severity |                          |                          |                          |
|---|--------------------|----------|--------------------------|--------------------------|--------------------------|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date: _____ - _____ - _____   |                    | Night    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |







| Week: _____   | Symptoms / remarks | Severity |                          |                          |                          |
|---|--------------------|----------|--------------------------|--------------------------|--------------------------|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date: _____ - _____ - _____   |                    | Night    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |







| Week: _____   | Symptoms / remarks | Severity |                          |                          |                          |
|---|--------------------|----------|--------------------------|--------------------------|--------------------------|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date: _____ - _____ - _____   |                    | Night    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Week: _____   | Symptoms / remarks | Severity |                          |                          |                          |
|---|--------------------|----------|--------------------------|--------------------------|--------------------------|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date: _____ - _____ - _____   |                    | Night    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
| Date: _____-_____-_____   |                    | Night    |







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| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
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| Date: _____-_____-_____   |                    | Night    |







| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
| Date: _____-_____-_____   |                    | Night    |







| Standard dosage schedule                                 |        |         |        |
|--|--------|---------|--------|
| Week 1   | 0.2 ml | Week 13 | 1.0 ml |
| Week 3   | 0.4 ml | Week 17 | 1.0 ml |
| Week 5   | 0.6 ml | Week 21 | 1.0 ml |
| Week 7   | 0.8 ml | Week 25 | 1.0 ml |
| Week 10  | 1.0 ml | Week 29 | 1.0 ml |
|  |        | Week 33 | 1.0 ml |
| <b>It is time to reorder!</b><br>Please contact your vet |        |         |        |
| <b>Maintenance period:</b><br>1.0 ml every 4 weeks.      |        |         |        |







# Artuvetrin® Treatment Diary







| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
| Date: _____-_____-_____   |                    | Night    |







| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
| Date: _____-_____-_____   |                    | Night    |







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|---|--------------------|---|
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| Date: _____-_____-_____   |                    | Night    |







| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
| Date: _____-_____-_____   |                    | Night    |







| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
| Date: _____-_____-_____   |                    | Night    |

| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
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| Date: _____-_____-_____   |                    | Night    |







| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
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| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
| Date: _____-_____-_____   |                    | Night    |







| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
| Date: _____-_____-_____   |                    | Night    |







| Standard dosage schedule                                 |        |         |        |
|--|--------|---------|--------|
| Week 1   | 0.2 ml | Week 13 | 1.0 ml |
| Week 3   | 0.4 ml | Week 17 | 1.0 ml |
| Week 5   | 0.6 ml | Week 21 | 1.0 ml |
| Week 7   | 0.8 ml | Week 25 | 1.0 ml |
| Week 10  | 1.0 ml | Week 29 | 1.0 ml |
|  |        | Week 33 | 1.0 ml |
| <b>It is time to reorder!</b><br>Please contact your vet |        |         |        |
| <b>Maintenance period:</b><br>1.0 ml every 4 weeks.      |        |         |        |







# Artuvetrin® Treatment Diary







| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
| Date: _____-_____-_____   |                    | Night    |







| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
| Date: _____-_____-_____   |                    | Night    |







| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
| Date: _____-_____-_____   |                    | Night    |







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|---|--------------------|---|
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| Date: _____-_____-_____   |                    | Night    |







| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
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| Date: _____-_____-_____   |                    | Night    |

| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
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| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
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| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
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| Week: _____   | Symptoms / remarks | Severity  |
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|---|--------------------|---|
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| Date: _____-_____-_____   |                    | Night    |







| Standard dosage schedule                                 |        |         |        |
|--|--------|---------|--------|
| Week 1   | 0.2 ml | Week 13 | 1.0 ml |
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| Week 5   | 0.6 ml | Week 21 | 1.0 ml |
| Week 7   | 0.8 ml | Week 25 | 1.0 ml |
| Week 10  | 1.0 ml | Week 29 | 1.0 ml |
|  |        | Week 33 | 1.0 ml |
| <b>It is time to reorder!</b><br>Please contact your vet |        |         |        |
| <b>Maintenance period:</b><br>1.0 ml every 4 weeks.      |        |         |        |







# Artuvetrin® Treatment Diary







| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
| Date: _____-_____-_____   |                    | Night    |

| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
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

| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
| Date: _____-_____-_____   |                    | Night    |







| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
| Date: _____-_____-_____   |                    | Night    |







| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
| Date: _____-_____-_____   |                    | Night    |







| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
| Date: _____-_____-_____   |                    | Night    |



| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
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| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
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| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
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| Date: _____-_____-_____   |                    | Night    |







| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
| Date: _____-_____-_____   |                    | Night    |







| Standard dosage schedule |        |         |        |  |        |
|--------------------------|--------|---------|--------|--|--------|
| Week 1                   | 0.2 ml | Week 13 | 1.0 ml | Week 33  | 1.0 ml |
| Week 3                   | 0.4 ml | Week 17 | 1.0 ml | <b>It is time to reorder!</b><br>Please contact your vet |        |
| Week 5                   | 0.6 ml | Week 21 | 1.0 ml |  |        |
| Week 7                   | 0.8 ml | Week 25 | 1.0 ml | <b>Maintenance period:</b><br>1.0 ml every 4 weeks.      |        |
| Week 10                  | 1.0 ml | Week 29 | 1.0 ml |  |        |







# Artuvetrin<sup>®</sup> Treatment Diary







| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
| Date: _____-_____-_____   |                    | Night    |







| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
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




| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
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| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
| Date: _____-_____-_____   |                    | Night    |







| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
| Date: _____-_____-_____   |                    | Night    |

| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
| Date: _____-_____-_____   |                    | Night    |

| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
| Date: _____-_____-_____   |                    | Night    |

| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
| Date: _____-_____-_____   |                    | Night    |

| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
| Date: _____-_____-_____   |                    | Night    |

| Week: _____   | Symptoms / remarks | Severity  |
|---|--------------------|---|
| Dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ml |                    | Day      |
| Date: _____-_____-_____   |                    | Night    |

| Standard dosage schedule |        |         |        |  |        |
|--------------------------|--------|---------|--------|--|--------|
| Week 1                   | 0.2 ml | Week 13 | 1.0 ml | Week 33  | 1.0 ml |
| Week 3                   | 0.4 ml | Week 17 | 1.0 ml | <b>It is time to reorder!</b><br>Please contact your vet |        |
| Week 5                   | 0.6 ml | Week 21 | 1.0 ml |  |        |
| Week 7                   | 0.8 ml | Week 25 | 1.0 ml | <b>Maintenance period:</b><br>1.0 ml every 4 weeks.      |        |
| Week 10                  | 1.0 ml | Week 29 | 1.0 ml |  |        |



 **nextmune**



ATD1020EN2

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