



Record your horse's symptoms, dosages and progress

### Introduction

Your veterinarian knows how challenging it is to relieve your horse 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 horse 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.



Artuvetrin® Therapy is the only licensed immunotherapy in Europe\*, therefore under the European veterinary medicines regulations (directive 2004/28/EC), the product of choice for horses.



Your horse's name		
Your horse'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 Horse 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 horse can continue with the treatment without missing a dose.

Compliance with the treatment schedule and dosages is very important for your horse'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	It is time to reord	der!
3 weeks later (week 10)	1.0 ml	Please contact your	vet
3 weeks later (week 13)	1.0 ml	Maintenance perio	od:
4 weeks later (week 17)	1.0 ml	1.0 ml every 4 wee	ks.
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 neck 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 horse'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 animal's allergy condition is unique. Therefore, the dose and interval between injections should be tailored according to your horse's response. The best results can be achieved with an optimal dosage for your horse.

#### 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 traveling, treatments, bath, new stable, etc., causes of flare-ups can be found and solved easier.

#### 3. Recognise secondary infections

If the symptoms worsen, it is possible that your horse 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 horse 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.

Show this Artuvetrin® Treatment Diary to your veterinarian every visit.

# 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 horse has been on Artuvetrin® and record your horse'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 traveling, treatments, bath, new stable, etc.

Itching is the most common symptom of atopy. But also skin redness and thickness, wounds, inflammation, hair loss can be seen as a result of biting and rubbing. Airway problems, laminitis and head tossing can be associated with allergy as well.

4. Severity Please mark how severe the symptoms were.

#### Nothing – minimal

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

#### Minimal - average

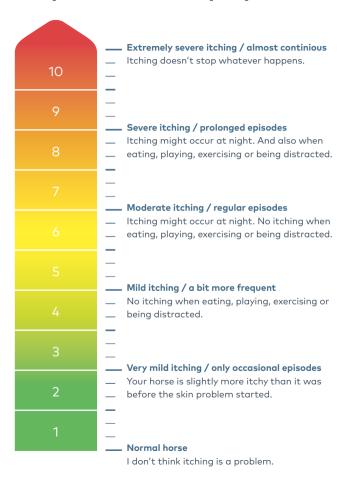
Itching might occur at night. No itching while eating, playing, exercising or distracted.

#### 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 horse's level of itchiness is.

## Itchy scale: how itchy is your horse?



## Injection technique



 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.

Week:	Symptoms / remarks	!	Sever	rity	
Dosage? X Yes No 0.2 ml	itchy +	Day		X	
Date: <u>00</u> - <u>00</u> - <u>0000</u>	wound treatment	Night			X
	Complete Complete		~		
Week:	Symptoms / remarks		Sever	ity	
Dosage? Yes Noml		Day			
Date:		Night			
Week:	Symptoms / remarks		Sever	city	
vveek.	Symptoms / Temarks	•	Sevei	ity	
Dosage? Yes No ml		Day			
Date:		Night			
Wook	Symptoms / remarks		Savar	rity	
Week:	Symptoms / remarks		Sever	rity	
Week: Noml	Symptoms / remarks	Day	Sever	rity	
	Symptoms / remarks		Sever	rity	
Dosage? Yes No ml		Day Night			
Dosage? Yes No ml Date:	Symptoms / remarks  Symptoms / remarks	Day Night	Sever		
Dosage? Yes No ml		Day Night			
Dosage? Yes No ml Date:		Day Night			
Dosage?	Symptoms / remarks	Day Night ! Day Night	Sever	rity	
Dosage?         Yes         No        ml           Date:		Day Night ! Day Night		rity	
Dosage?	Symptoms / remarks	Day Night ! Day Night	Sever	rity	

Week:			Sy	mptoms	/ rer	narks	:	Seve	rity	
Dosage?	Yes No _	ml					Day			
Date:							Night			
Week:		`	Sy	mptoms	/ rer	narks	:	Seve	rity	
Dosage?	Yes No _	ml					Day			
Date:							Night			
Week:		`	Sy	mptoms	/ rer	narks	:	Seve	rity	
Dosage?	Yes No _	ml					Day			
Date:							Night			
Week:			Sy	mptoms	/ rer	narks	:	Seve	rity	
Dosage?	Yes No _	ml					Day			
Date:							Night			
Standard	dosage schedu	le	$\rangle$							
Week 1	0.2 ml	Week 13	3	1.0 m	I	Week	: 33	1	1.0 ml	
Week 3	0.4 ml	Week 17	7	1.0 m	I	lt is	time t	o re	orde	r!
Week 5	0.6 ml	Week 2	1	1.0 m	I	Plea	ise cont	act y	our ve	et
Week 7	0.8 ml	Week 2	5	1.0 m	I		aintena			
14/ 140						1.0	ml eve	ry 4 v	veeks.	

1.0 ml

Week 29

Week:	Symptoms / remarks	Severity
Dosage? Yes Noml		Day
Date:		Night
Week:	Symptoms / remarks	Severity
Dosage? Yes No ml		Day
Date:		Night
Week:	Symptoms / remarks	Severity
Dosage? Yes Noml		Day
Date:		Night
Week:	Symptoms / remarks	Severity
Week: Noml	Symptoms / remarks	Severity  Day
	Symptoms / remarks	
Dosage? Yes Noml		Day
Dosage? Yes Noml	Symptoms / remarks  Symptoms / remarks	Day
Dosage? Yes No ml		Day Night
Dosage? Yes No ml Date:		Day Night Severity
Dosage?         Yes         No        ml           Date:		Day Night Severity Day
Dosage?         Yes         No        ml           Date:		Day Night Severity Day
Dosage?         Yes         No        ml           Date:	Symptoms / remarks	Day Night  Severity  Day Night

Week:			Sy	mptoms	/ rer	narks	:	Seve	rity	
Dosage?	Yes No _	ml					Day			
Date:							Night			
Week:		`	Sy	mptoms	/ rer	narks	:	Seve	rity	
Dosage?	Yes No _	ml					Day			
Date:							Night			
Week:		`	Sy	mptoms	/ rer	narks	:	Seve	rity	
Dosage?	Yes No _	ml					Day			
Date:							Night			
Week:			Sy	mptoms	/ rer	narks	:	Seve	rity	
Dosage?	Yes No _	ml					Day			
Date:							Night			
Standard	dosage schedu	le	$\rangle$							
Week 1	0.2 ml	Week 13	3	1.0 m	I	Week	: 33	1	1.0 ml	
Week 3	0.4 ml	Week 17	7	1.0 m	I	lt is	time t	o re	orde	r!
Week 5	0.6 ml	Week 2	1	1.0 m	I	Plea	ise cont	act y	our ve	et
Week 7	0.8 ml	Week 2	5	1.0 m	I		aintena			
14/ 140						1.0	ml eve	ry 4 v	veeks.	

1.0 ml

Week 29

Week:	Symptoms / remarks	Severity
Dosage? Yes Noml		Day
Date:		Night
Week:	Symptoms / remarks	Severity
Dosage? Yes No ml		Day
Date:		Night
Week:	Symptoms / remarks	Severity
Dosage? Yes Noml		Day
Date:		Night
Week:	Symptoms / remarks	Severity
Week: Noml	Symptoms / remarks	Severity  Day
	Symptoms / remarks	
Dosage? Yes Noml		Day
Dosage? Yes Noml	Symptoms / remarks  Symptoms / remarks	Day
Dosage? Yes No ml		Day Night
Dosage? Yes No ml Date:		Day Night Severity
Dosage?         Yes         No        ml           Date:		Day Night Severity Day
Dosage?         Yes         No        ml           Date:		Day Night Severity Day
Dosage?         Yes         No        ml           Date:	Symptoms / remarks	Day Night  Severity  Day Night

Week:			Sy	mptoms	/ rer	narks	:	Seve	rity	
Dosage?	Yes No _	ml					Day			
Date:							Night			
Week:		`	Sy	mptoms	/ rer	narks	:	Seve	rity	
Dosage?	Yes No _	ml					Day			
Date:							Night			
Week:		`	Sy	mptoms	/ rer	narks	:	Seve	rity	
Dosage?	Yes No _	ml					Day			
Date:							Night			
Week:			Sy	mptoms	/ rer	narks	:	Seve	rity	
Dosage?	Yes No _	ml					Day			
Date:							Night			
Standard	dosage schedu	le	$\rangle$							
Week 1	0.2 ml	Week 13	3	1.0 m	I	Week	: 33	1	1.0 ml	
Week 3	0.4 ml	Week 17	7	1.0 m	I	lt is	time t	o re	orde	r!
Week 5	0.6 ml	Week 2	1	1.0 m	I	Plea	ise cont	act y	our ve	et
Week 7	0.8 ml	Week 2	5	1.0 m	I		aintena			
14/ 140						1.0	ml eve	ry 4 v	veeks.	

1.0 ml

Week 29

Week:	Symptoms / remarks	Severity
Dosage? Yes Noml		Day
Date:		Night
Week:	Symptoms / remarks	Severity
Dosage? Yes No ml		Day
Date:		Night
Week:	Symptoms / remarks	Severity
Dosage? Yes Noml		Day
Date:		Night
Week:	Symptoms / remarks	Severity
Week: Noml	Symptoms / remarks	Severity  Day
	Symptoms / remarks	
Dosage? Yes Noml		Day
Dosage? Yes Noml	Symptoms / remarks  Symptoms / remarks	Day
Dosage? Yes No ml		Day Night
Dosage? Yes No ml Date:		Day Night Severity
Dosage?         Yes         No        ml           Date:		Day Night Severity Day
Dosage?         Yes         No        ml           Date:		Day Night Severity Day
Dosage?         Yes         No        ml           Date:	Symptoms / remarks	Day Night  Severity  Day Night

Week:			Sy	mptoms	/ rer	narks	:	Seve	rity	
Dosage?	Yes No _	ml					Day			
Date:							Night			
Week:		`	Sy	mptoms	/ rer	narks	:	Seve	rity	
Dosage?	Yes No _	ml					Day			
Date:							Night			
Week:		`	Sy	mptoms	/ rer	narks	:	Seve	rity	
Dosage?	Yes No _	ml					Day			
Date:							Night			
Week:			Sy	mptoms	/ rer	narks	:	Seve	rity	
Dosage?	Yes No _	ml					Day			
Date:							Night			
Standard	dosage schedu	le	$\rangle$							
Week 1	0.2 ml	Week 13	3	1.0 m	I	Week	: 33	1	1.0 ml	
Week 3	0.4 ml	Week 17	7	1.0 m	I	lt is	time t	o re	orde	r!
Week 5	0.6 ml	Week 2	1	1.0 m	I	Plea	ise cont	act y	our ve	et
Week 7	0.8 ml	Week 2	5	1.0 m	I		aintena			
14/ 140						1.0	ml eve	ry 4 v	veeks.	

1.0 ml

Week 29

Week:	Symptoms / remarks	Severity
Dosage? Yes Noml		Day
Date:		Night
Week:	Symptoms / remarks	Severity
Dosage? Yes No ml		Day
Date:		Night
Week:	Symptoms / remarks	Severity
Dosage? Yes Noml		Day
Date:		Night
Week:	Symptoms / remarks	Severity
Week: Noml	Symptoms / remarks	Severity  Day
	Symptoms / remarks	
Dosage? Yes Noml		Day
Dosage? Yes Noml	Symptoms / remarks  Symptoms / remarks	Day
Dosage? Yes No ml		Day Night
Dosage? Yes No ml Date:		Day Night Severity
Dosage?         Yes         No        ml           Date:		Day Night Severity Day
Dosage?         Yes         No        ml           Date:		Day Night Severity Day
Dosage?         Yes         No        ml           Date:	Symptoms / remarks	Day Night  Severity  Day Night

Week:			Syr	nptoms /	remarks	:	Sever	ity	
Dosage?	Yes No _	ml				Day			
Date:						Night			
Week:			Syr	nptoms /	remarks	:	Sever	ity	
Dosage?	Yes No _	ml				Day			
Date:						Night			
Week:			Syr	nptoms /	remarks		Sever	ity	
Dosage?	Yes No _	ml				Day			
Date:						Night			
Week:			Syr	nptoms /	remarks	:	Sever	ity	
Dosage?	Yes No _	ml				Day			
Date:						Night			
Standard o	dosage schedu	le	)						
Week 1	0.2 ml	Week 13		1.0 ml	Weel	33	1.0	0 ml	
Week 3	0.4 ml	Week 17		1.0 ml	lt is	s time t	to reo	rder	!
Week 5	0.6 ml	Week 21		1.0 ml	Pled	se cont	act yo	ur ve	t
Week 7	0.8 ml	Week 25	5	1.0 ml		aintena			
14/ 140					1.0	ml eve	ry 4 we	eeks.	

1.0 ml

Week 29











