

Treatment Monitoring Sheet

Dose of Vetoryl: AM: _____ mg PM: _____ mg Date: _____

Please circle the best description of your dog's symptoms over the last 4 weeks:

Eating habits

Hardly eating	Needs encouragement	Normal	Eats quickly, looks for more	Ravenous all of the time
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Drinking

Less than normal	Normal	More than normal	Much more than normal
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Urinating: frequency and volume

Less than normal	Normal	More than normal	Much more than normal
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Sickness and diarrhoea

Every day	More than once but not every day	Once since last log	Not at all
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Skin/Coat condition

Thin, dull, patchy coat; darker skin	Slightly thin, dull coat; excessive dandruff	Slightly dull coat, no thinning	Thick, shiny coat; no dandruff
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Activity

Lays in one place nearly all the time	Goes for walks, will play on occasion	Very active, happy to run off the lead but gets tired	I cannot tire my dog out!
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Other observations

Trembling, shaking, muscle twitches	Persistent panting even at rest	Pain, anywhere	Difficulty moving	Mental depression
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Overall, how is your dog's treatment going?

Just starting treatment, too early to tell	My dog has more clinical signs than before	No difference now than before treatment	Some improvement since starting treatment	My dog is nearly back to their normal self	If I didn't know, I wouldn't think my dog was ill
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VETORYL: Vetoryl contains trilostane.

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