

INCIDENT SHEET FOR OWNER (treatment application, adverse effects, or others)

Dog ID

Detection date (days after treatment)												
Erythema / crusts (indicate from 0 to 4)												
Edema (indicate from 0 to 4)												
Itching (indicate from 0 to 4)												
Pain (indicate 'yes' or 'no')												
Other skin lesions (mark with an X the day of visit)*												
Other clinical signs (mark with an X the day of visit)*												
Treatment application (indicate 'yes' or 'no')**												

* Indicate on the incident sheet of the corresponding visit (1, 2, 3, or 4)

** In the case that the treatment could NOT be applied, describe it in this incident sheet.

Day of visit:

The treatment has not been applied for the following reason:

ADVERSE EFFECTS BY VETERINARIAN

Day of visit/...../.....

Dog ID

ERYTHEMA / CRUSTS **0 1 2 3 4**

EDEMA **0 1 2 3 4**

ITCHING **NO** **SI**

PAIN **NO** **SI**

OTHER SKIN LESIONS OR OTHER CLINICAL SIGNS (SPECIFY):

Erythema and crusts	Formation of edemas	
Very slight erythema	very slight edema (barely noticeable)	1
Well-defined erythema	slight edema (edges of the area well defined by elevation)	2
Moderate to severe erythema	Moderate edema (elevation of approximately 1 mm)	3
Severe or crusts formation	Severe edema (elevation of more than 1 mm, extending beyond the exposure site)	4

PHOTO FOR ADVERSE EFFECT ASSESSMENT

WITHDRAWAL FROM THE STUDY AND REASON

Day of visit/...../.....

Dog ID

WITHDRAWAL FROM THE STUDY	YES	NO
REASON		

VETERINARIAN

Signature: _____

Date: ____/____/____