

DERMATOLOGY

Recheck & Cytopoint® Administration

Veterinary Nurse Checklist



Date:

Nurse Name:

Dog's Name:

Sex:

Weight:

Age:

Breed:

Diet:

Current parasite preventative:

Last dose:

Progress Review

Itch Score 0-10: (0 = normal dog & 10 = extremely severe itching)

Current medications: (including topical therapies)

Current medical conditions:

Date of last Cytopoint injection:

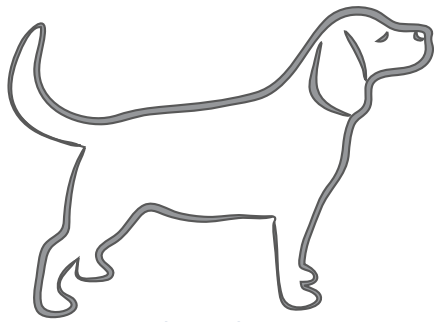
How has your dog been since the last injection?

Has there been any significant itching, licking, chewing or biting since the last Cytopoint injection?*

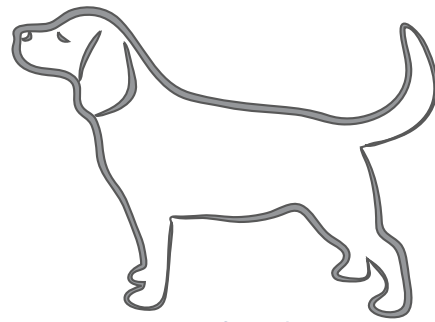
Does your dog currently have any sores, hair loss, head shaking or ear discharge/odour?*

*If the answer is 'YES' to either, advise a vet examination

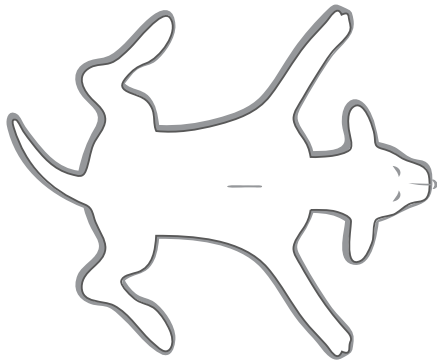
Skin examination: Look for areas of hair loss, redness, lumps or rashes.
(mark any lesions on the diagram)



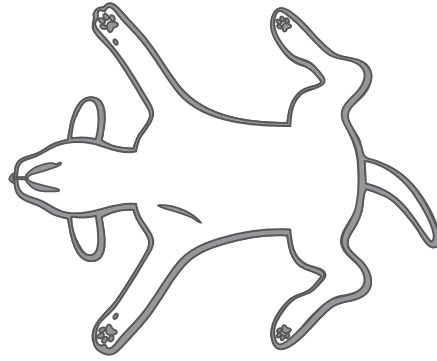
Right Side



Left Side



Dorsal



Ventral

Other notes:

Treatment Record

Date of administration of Cytopoint:

Dose given: (10/20/30/40mg)

Due date of next injection: (Have you booked this?)



CYTOPOINT
lokivetmab

Cytopoint contains lokivetmab • POM-V • Further information can be obtained from the product SPC or from Zoetis UK Ltd, Birchwood Building, Springfield Drive, Leatherhead, Surrey, KT22 7LP • www.zoetis.co.uk • 0345 300 8034
CustomerSupportUK@zoetis.com • Produced February 2023 • MM-24758
Use medicines responsibly (www.noah.co.uk/responsible)

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