

WHAT IS MAKING MY DOG SO ITCHY?

Evaluation Form

A thorough history can help us find the source of your dog's itching more quickly.

Please answer the following questions to help guide the diagnostic process.

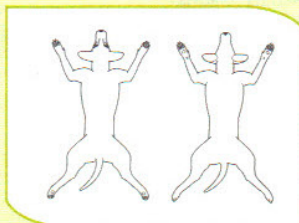
Date _____ Pet owner name _____

Name of dog _____ Age _____ Breed _____ Weight _____

Physical Evaluation

Please check any that describe your dog and circle problem areas on the drawing.

- ☐ Hair loss
- ☐ Foul odor
- ☐ Inflammation or redness
- ☐ Itching and/or scratching
- ☐ Otitis (ear infections)
- ☐ Licking and/or chewing
- ☐ Skin lesions (sores)
- ☐ Changes in skin (reddish-brown stains, discolorations and/or areas that are thick and leathery)
- ☐ Other _____



CIRCLE PROBLEM AREAS
(Itching, hair loss, lesions, etc.)

- Has your dog ever had ear problems? ☐ Yes ☐ No
- Does your dog have any chronic gastrointestinal signs such as diarrhea or vomiting? ☐ Yes ☐ No

Severity Evaluation On a scale of 0 to 10 rank the severity of your dog's symptoms.

SEVERITY OF CONDITION OVERALL

0	1	2	3	4	5	6	7	8	9	10	
No symptoms											Severe

SEVERITY OF SKIN LESIONS

0	1	2	3	4	5	6	7	8	9	10	
No lesions											Severe

SEVERITY OF SCRATCHING, LICKING OR CHEWING

0	1	2	3	4	5	6	7	8	9	10	
No signs											Severe

Onset and Seasonality Evaluation

- Is this the first time your dog has experienced these symptoms? ☐ Yes ☐ No
 - If no, at what age did the symptoms first occur? ☐ <1 yr ☐ 1-3 yrs ☐ 4-7 yrs ☐ 7+ yrs
 - If no, have they occurred around the same time of year each time? ☐ Yes ☐ No
 - If no, approximate time of year symptoms occur _____
- How long have the current symptoms been going on? _____
- Did the itch start gradually and over time become worse? ☐ Yes ☐ No
- Did the itch come on suddenly without warning? ☐ Yes ☐ No
- Was there a "rash" first or itching first? Or simultaneous? ☐ Rash first ☐ Itch first ☐ Simultaneous

Parasite Control

- Is your dog on a flea or heartworm preventative? ☐ Yes ☐ No
 - If yes, what product(s)? _____
- What months do you administer the preventative? _____
- When was the last time you administered the parasite control? _____

Lifestyle Evaluation

- Where does your dog live? ☐ Indoors ☐ Outdoors ☐ Both
 - If outdoors, please describe environment: _____
- Are there other pets in your household? ☐ Yes ☐ No
 - If yes, do these pets have the same symptoms? ☐ Yes ☐ No
 - If these pets are cats, do they go outside? ☐ Yes ☐ No
- Do you board your dog or take him or her to obedience school, training or groomers? ☐ Yes ☐ No
 - If yes, when was the last time you took your dog? _____
- Have you taken your dog on a trip to another location? ☐ Yes ☐ No
 - If yes, please indicate when and location: _____
- Have you recently moved? ☐ Yes ☐ No
- Have you been to a new dog park or walking trail? ☐ Yes ☐ No
- Have you used any new shampoo or topical skin treatments recently? ☐ Yes ☐ No
- Are any humans in your household exhibiting signs? ☐ Yes ☐ No

Dietary Evaluation

- What pet food are you feeding your dog? _____
- Do you feed the same food all the time or provide a variety? ☐ Always same ☐ Variety
- Have you changed your dog's diet recently? ☐ Yes ☐ No
- Do you give your dog packaged treats? ☐ Yes ☐ No
- Do you feed your dog "human" food? ☐ Yes ☐ No

Relationship and Behavioral Evaluation

Indicate if and how your dog's itching has affected his or her behavior and relationship with YOU. (CIRCLE ALL APPROPRIATE ANSWERS.)

Sleeps Through the Night

Always Usually Occasionally Never

Activity Level

Inactive Much less active Somewhat less active No change

Social Behavior

Unsocial A lot less social Somewhat less social No change

Relationship Changes

Fewer walks No longer sleeps in bed or same room Interacts less with family

Prior Treatments

- Has your dog been treated for itching before? ☐ Yes ☐ No
- Indicate previous treatments administered to your dog: (CHECK ALL THAT APPLY)
 - ☐ Steroids ☐ Shampoos ☐ Sprays ☐ Ointments ☐ Antibiotics ☐ Hypoallergenic food
 - ☐ Essential fatty acids ☐ Antihistamines ☐ Immunotherapy
 - ☐ Other (PLEASE SPECIFY) _____

Next Steps

Physical Exam:

A thorough physical evaluation of your dog will help us identify obvious problems and conditions such as parasites.

Laboratory Testing:

Ear Swab—to identify any infections in the ear including yeast and/or bacteria

Skin Scrape/Hair Pluck—to detect scabies or demodex mites

Impression Smear/Tape Prep—to detect other parasites and check for presence of yeast and/or bacteria