

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: _____

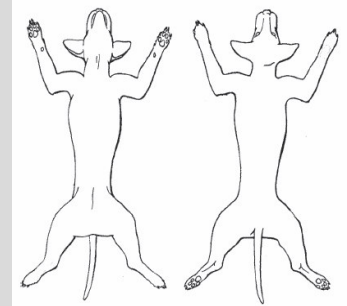
Breed: _____

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/Scratching
- Otitis (ear infections)
- Licking/Chewing
- Skin lesions (sores)
- Changes in skin (reddish brown stains, discoloration 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 like 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 Symptoms Severe

SEVERITY OF SCRATCHING/LICKING/CHEWING _____

0 1 2 3 4 5 6 7 8 9 10
No Symptoms 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, has it 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 flea/heartworm preventative? Yes No
 - If yes, what products? _____
- 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 the environment: _____
- Are there other pets in your household? Yes No
-If yes, do these pets have symptoms? Yes No
-If these pets are cats, do they go outside? Yes No
- Do you board your dog, 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? _____
- Do you feed the same food all the time or provide a variety? Always same Variety
- Have you changed his or her diet recently? Yes No
- Do you give your dog packaged treats? Yes No
- Do you feed your dog "human" food? Yes No

RELATIONSHIP/BEHAVIORAL EVALUATION

Indicate if and how your dog's itching has affected his/her behavior and relationship to 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 same bed/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) _____