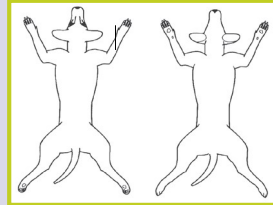# WHAT IS MAKING MY DOG SO ITCHY?

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/Scratching
- ☐ Otitis (ear infections)
- ☐ Licking/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 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 lesions   Severe

SEVERITY OF SCRATCHING/LICKING/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, 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 a flea/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, 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 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/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 like 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.

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