

WHAT IS MAKING MY DOG SO ITCHY?

Evaluation Form

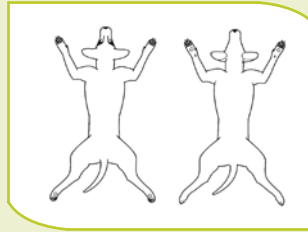
A thorough history can help us find the source of your dog's itching more quickly. Please answer the following questions to help guide the diagnostic process.

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



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

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