

# WHAT IS MAKING MY DOG SO ITCHY?

## Evaluation Form

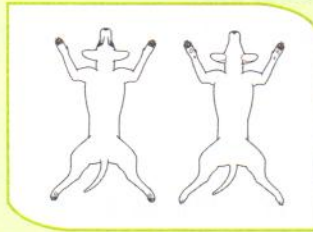
A thorough history can help us find the source of your dog's itching more quickly. Please answer the following questions to help guide the diagnostic process.

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) \_\_\_\_\_

### North Shore Veterinary Service

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