

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?
- Does your dog have any chronic gastrointestinal signs like diarrhea or vomiting?

☐ Yes ☐ No
☐ 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?
– If no, at what age did the symptoms first occur?
- If no, has it occurred around the same time of year each time?
- If no, approximate time of year symptoms occur. _____

☐ Yes ☐ No
☐ <1 yr ☐ 1-3 yrs ☐ 4-7 yrs ☐ 7+ yrs
☐ Yes ☐ No

- How long have the current symptoms been going on? _____
- Did the itch start gradually and over time become worse?
- Did the itch come on suddenly without warning?
- Was there a "rash" first or itching first? Or simultaneous?

☐ Yes ☐ No
☐ Yes ☐ No
☐ Rash first ☐ Itch first ☐ Simultaneous

PARASITE CONTROL

- Is your dog on a flea/heartworm preventative?
– If yes, what product(s)? _____
- What months do you administer the preventative? _____
- When was the last time you administered the parasite control? _____

☐ Yes ☐ No

LIFESTYLE EVALUATION

- Where does your dog live?
– If outdoors, please describe environment: _____
☐ Indoors ☐ Outdoors ☐ Both
- Are there other pets in your household?
– 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?
– If yes, when was the last time you took your dog? _____
☐ Yes ☐ No
- Have you taken your dog on a trip to another location?
– If yes, please indicate when and location: _____
☐ Yes ☐ No
- 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? _____
☐ Always same ☐ Variety
- Do you feed the same food all the time or provide a variety? ☐ Yes ☐ No
- 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.