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 ____________________________

• 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

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<tbody>
<tr>
<td>No symptoms</td>
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SEVERITY OF SKIN LESIONS

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<tr>
<td>No lesions</td>
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SEVERITY OF SCATCHING/LICKING/CHEWING

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<tr>
<td>No signs</td>
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ONSET AND SEASONALITY EVALUATION

• Is this the first time your dog has experienced these symptoms?
  ☐ Yes ☐ No

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

• 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. ___________

• 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?

☐ Rash first ☐ Itch first ☐ Simultaneous

PARASITE CONTROL

• Is your dog on a flea/heartworm preventative?
  ☐ Yes ☐ No

  □ Yes ☐ No

• What months do you administer the preventative?

• When was the last time you administered the parasite control?
LIFESTYLE EVALUATION
- Where does your dog live?
  - If outdoors, please describe environment:
- Are there other pets in your household?
  - If yes, do these pets have the same symptoms?
  - If these pets are cats, do they go outside?
- 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?
- Have you taken your dog on a trip to another location?
  - If yes, please indicate when and location:
- Have you recently moved?
- Have you been to a new dog park or walking trail?
- Have you used any new shampoo or topical skin treatments recently?
- Are any humans in your household exhibiting signs?

DIETARY EVALUATION
- What pet food are you feeding?
- Do you feed the same food all the time or provide a variety?
- Have you changed his or her diet recently?
- Do you give your dog packaged treats?
- Do you feed your dog “human” food?

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?
- 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.