

## What is Making My Pet so Itchy? Evaluation Form

<b>Patient:</b> Sex:	<b>Client:</b> Species:	Client Number: Age:
A thorough history can help us	find the source of your pet's itching n	more quickly. Please answer the following questions to help guide the diagnostic process.
Skin Lesions (sores) Has your animal eve	ul Odor Inflammation o Changes in skin (re r had ear problems? Ye	eddish brown stains, discolorations and/or thick areas
Severity Evaluation Severity of overall c Severity of Skin Les Severity of Scratchin	ondition	ank the severity of your animal's symptoms.  0 1 2 3 4 5 6 7 8 9 10 (No symptoms)  0 1 2 3 4 5 6 7 8 9 10 (No symptoms)  0 1 2 3 4 5 6 7 8 9 10 (Severe)  0 1 2 3 4 5 6 7 8 9 10
<ul> <li>If no, at what</li> <li>If no, has it of</li> <li>If no, approx</li> <li>How long have the complete Did the itch start grade</li> </ul>	your animal has experience age did the symptoms fine occurred around the same imate time of year sympto- current symptoms been goodually and over time becan a suddenly without warning	rst occur? time of year each time? Yes No oms occur oing on? ame worse? Yes No ng? Yes No
Parasite Control Is your pet on a flea	or heartworm preventativ	ve? Yes No (if yes what product:)
Has your animals itc Where does your ani Are there other pets Circle all that apply: Have you taken your Have you recently me Have you used a new	Ils itching affected his/her hing affected his/her activities mal live? Indoors Outdo in your household? Yes indoor/outdoor traver pet on a trip to another leaved? Yes No	vel boarding/grooming/training park/walks ocation? Yes No (If yes, where/when)  a treatment recently? Yes No
	ou feeding? t "human" food? Yes	Have you changed your pet's food recently? Yes No
Steroids Shampoos		eated for itching before? Yes No Antibiotics Hypoallergenic Food  Other  Other