



Skin Evaluation Form

****A Thorough history can help us find the source of your dog's itching more quickly.**

1/Physical Evaluation:

- Hair loss
- Rub Face Related to eating/food
- Foul odor
- Inflammation or redness
- Itching/scratching
- Otitis {ear infection}
- Licking/chewing
- Sneezing/Reverse Sneezing
- Cough
- Skin Lesions {sores}
- Changes in skin {red, brown stains, discoloration, thick}
- Other _____

2/Has your dog ever had ear problems? Yes No

3/Does your dog have any chronic gastrointestinal signs like diarrhea or vomiting? Yes No

4/Severity Evaluation:

Severity of Condition Overall

0 1 2 3 4 5 6 7 8 9 10

Severity of Skin Lesions

0 1 2 3 4 5 6 7 8 9 10

Severity of Scratching/Licking/Chewing

0 1 2 3 4 5 6 7 8 9 10

5/Onset and Seasonality Evaluation:

*Is this the first time your dog has experienced these symptoms Yes No
 If No, at what age did the first symptoms occur <1 yr 1-3yr 4-7 yr 7yr+
 If No, has it occurred around the sametime 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 overtime become worse? _____

*Did the itch come on suddenly without warning? _____

*Was the rash first or itching first? or Together? _____

6/Current Medications _____ Supplements _____ Treats _____

7/Parasite Control

*Is your dog on flea/heartworm prevention? Yes No

What product? _____

*When was the last time you administered product? _____

*What months do you administer preventative? _____

**Other pet's on parasite control preventatives YES NO

7/Life Style Evaluation

*Where does your dog live? Indoors Outdoors Both

if outdoors describe environment _____

*Are there other pets in your household? Yes No

*If yes, do these pets have the same symptoms? Yes No

*Do you board your dog, obedience school, training, or grooming? Yes No

*Have you taken your dog on a trip to another 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? Yes No

8/Dietary Evaluation

*What pet food are you feeding? _____

*Same food or variety? _____

*Any diet change recently? _____

*Any dog treats? _____ *Any human food? Yes No





9/Relationship/Behavior Evaluation

*indicate if and how your dog's itching has affected behavior and relationship with you

| | | | | |
|--------------------------|----------|-------------------|----------------------|-----------|
| 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 |

10/Prior Treatments

*has your dog been treated for itching before? Yes No

*Indicate previous treatments:

| | | | | |
|----------|-----------|---------------|---------------------|-------------|
| Steroids | Temaril P | Antihistamine | Immunotherapy | Shampoos |
| Sprays | Atopica | Antibiotics | Hypoallergenic food | Fatty Acids |

**Please do not bathe your dog before bringing them for a Derm appt.

*Expect Derm Trio or Duo on every dermatology appointment

*Rechecks are critical to ensure we are making a difference in your pet's skin

-Our goal is to clear skin infections completely and to set up a maintenance to reduce acute flares

