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 __________________________

- Has your dog ever had ear problems? O Yes O No
- Does your dog have any chronic gastrointestinal signs such as diarrhea or vomiting? O Yes O No

Severity Evaluation

On a scale of 0 to 10 rank the severity of your dog’s symptoms.

SEVERITY OF CONDITION OVERALL

<table>
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<tr>
<th>0</th>
<th>1</th>
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<tbody>
<tr>
<td>No symptoms</td>
<td>Severe</td>
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SEVERITY OF SKIN LESIONS

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<tbody>
<tr>
<td>No lesions</td>
<td>Severe</td>
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SEVERITY OF SCRATCHING, LICKING OR CHEWING

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<tbody>
<tr>
<td>No signs</td>
<td>Severe</td>
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Onset and Seasonality Evaluation

- Is this the first time your dog has experienced these symptoms? O Yes O No
  - If no, at what age did the symptoms first occur? O <1 yr O 1-3 yrs O 4-7 yrs O 7+ yrs
  - If no, have they occurred around the same time of year each time? O Yes O 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? O Yes O No
- Did the itch come on suddenly without warning? O Yes O No
- Was there a “rash” first or itching first? Or simultaneous? O Rash first O Itch first

Parasite Control

- Is your dog on a flea or heartworm preventative? O Yes O 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?  
  - 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 or 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 your dog?  
- Do you feed the same food all the time or provide a variety?  

**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?  
- 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 such as 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  

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