

✓ Itchy Dog History Form

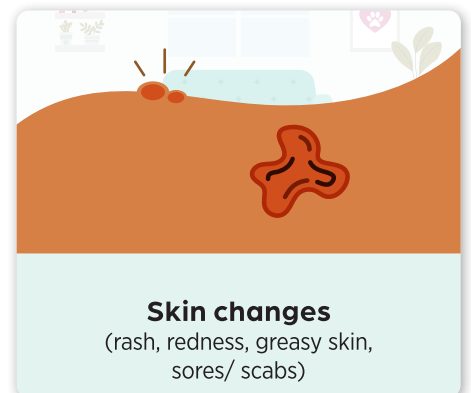
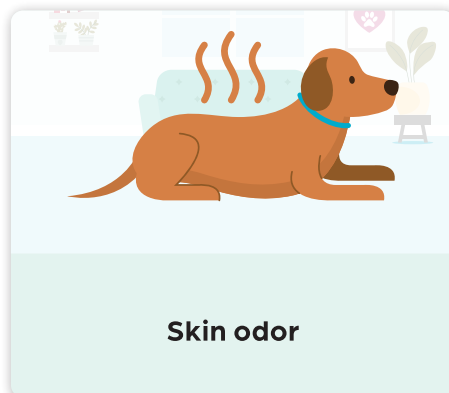
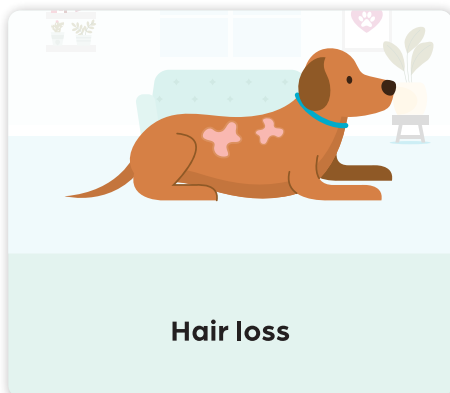
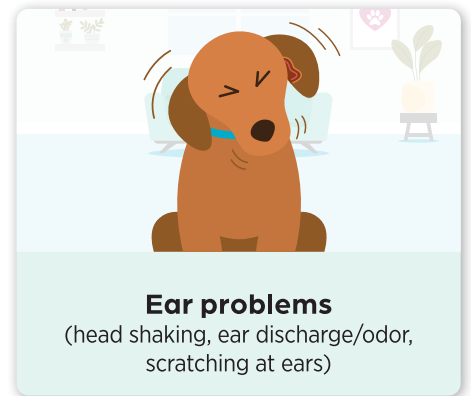
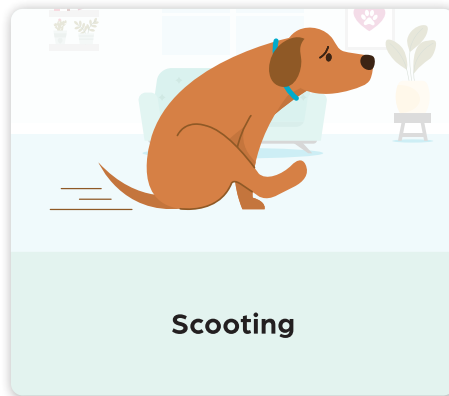
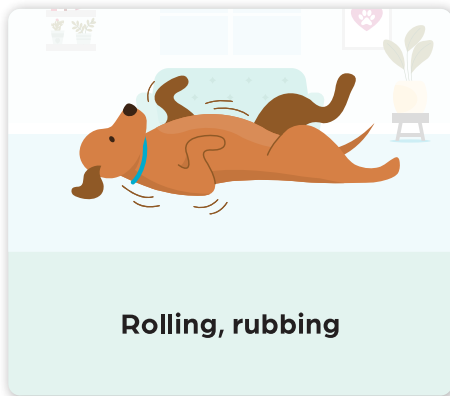
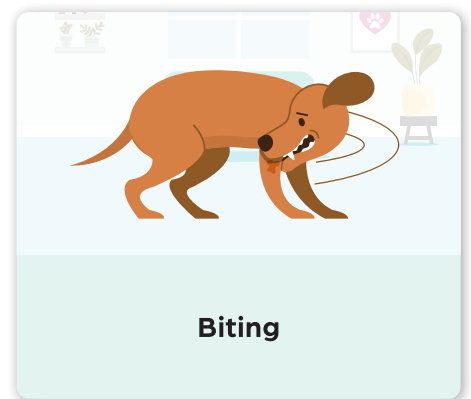
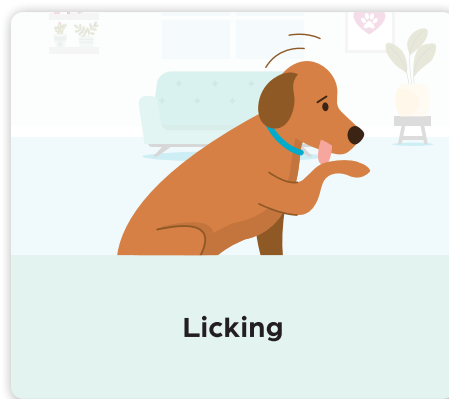
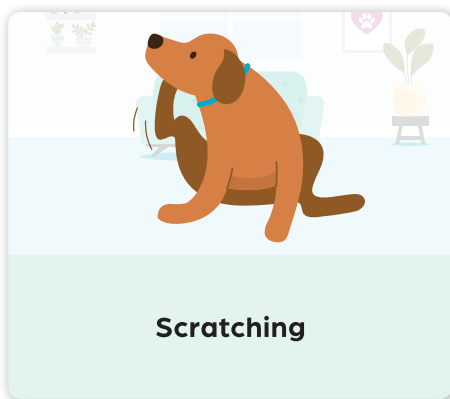
Your Dog's Name: _____

Your Name: _____



The more we know about your dog's itch, the better informed we'll be to treat it. Sharing your dog's itch history is critical to uncovering the underlying cause of itch and the proper course of treatment.

Frequent scratching is one sign of allergic itch, but there are other telltale signs as well:



Continued on the other side →

Itchy Dog History Form



Where is your dog itchy? (Check all that apply)	Head	Neck	Ears	Paws	Legs	Armpits	Belly/ groin	Sides	Lower back	Tail
How itchy is your dog? (1=very mild itch; 10=extremely severe itch)	1	2	3	4	5	6	7	8	9	10

How long has your dog been itchy?	<1 month	1-3 months	4-6 months	6-12 months	>1 year
What season of the year is your dog's itching worse? (Check all that apply)	Winter	Spring	Summer	Fall	All season

Is your dog on year round flea control?	Yes	No
Is it a prescription product?	Yes	No

Preferences on how you give your dog medication

Describe your experience pilling your dog (Check all that apply)	Hide in food	Put pill down throat	Takes extra time	Is stressful	No issues
If a chewable form of the medication prescribed was available, would you be interested?	Yes	No			
Would you prefer a long-acting injectable option administered at the vet clinic vs. a pill given by you at home?	Yes	No			

Our goal is to ensure that you and your dog get back to enjoying life as soon as possible—without all that itching. This checklist is designed to help recognize your dog's itching and to keep your dog happy. Your veterinary team will review the results of this checklist with you to identify if your dog might be suffering from skin allergies or other dermatology issues. This checklist is not a medical diagnostic tool and is not intended to replace discussions with an animal healthcare professional. Discuss medical concerns with your veterinarian.