The 7-Day Itchy Dog Pattern Tracker

Circle one itch level and check every symptom, body area, and possible trigger you notice each day. Bring the completed tracker and any photos to your veterinarian.

DOG'S NAME _____ **WEEK STARTING** _____

SEEK URGENT CARE NOW IF:

- Facial swelling
- Collapse or extreme weakness
- Severe pain
- Possible toxin exposure
- Trouble breathing
- Rapidly spreading hives
- Significant bleeding

DAY 1

Date: _____ Time: _____

CIRCLE ONE ITCH LEVEL 0 = none, 5 = severe

(0) (1) (2) (3) (4) (5)

CHECK WHERE YOUR DOG IS ITCHY

- ☐ Ears
- ☐ Paws
- ☐ Face
- ☐ Belly or groin
- ☐ Back or tail base
- ☐ All over

CHECK SYMPTOMS YOU NOTICED

- ☐ Scratching
- ☐ Licking or chewing
- ☐ Redness
- ☐ Odor
- ☐ Hair loss
- ☐ Scabs or sores
- ☐ Ear discharge
- ☐ Digestive change
- ☐ Restlessness

CHECK POSSIBLE TIMING OR TRIGGER

- ☐ After outdoor time
- ☐ After meal or treat
- ☐ After grooming
- ☐ Morning
- ☐ Evening
- ☐ Overnight
- ☐ New product
- ☐ Medication or supplement
- ☐ No clear pattern

SHORT NOTES

DAY 2

Date: _____ Time: _____

CIRCLE ONE ITCH LEVEL 0 = none, 5 = severe

0 1 2 3 4 5

CHECK WHERE YOUR DOG IS ITCHY

- ☐ Ears
- ☐ Paws
- ☐ Face
- ☐ Belly or groin
- ☐ Back or tail base
- ☐ All over

CHECK SYMPTOMS YOU NOTICED

- ☐ Scratching
- ☐ Licking or chewing
- ☐ Redness
- ☐ Odor
- ☐ Hair loss
- ☐ Scabs or sores
- ☐ Ear discharge
- ☐ Digestive change
- ☐ Restlessness

CHECK POSSIBLE TIMING OR TRIGGER

- ☐ After outdoor time
- ☐ After meal or treat
- ☐ After grooming
- ☐ Morning
- ☐ Evening
- ☐ Overnight
- ☐ New product
- ☐ Medication or supplement
- ☐ No clear pattern

SHORT NOTES

DAY 3

Date: _____ Time: _____

CIRCLE ONE ITCH LEVEL 0 = none, 5 = severe

0 1 2 3 4 5

CHECK WHERE YOUR DOG IS ITCHY

- ☐ Ears
- ☐ Paws
- ☐ Face
- ☐ Belly or groin
- ☐ Back or tail base
- ☐ All over

CHECK SYMPTOMS YOU NOTICED

- ☐ Scratching
- ☐ Licking or chewing
- ☐ Redness
- ☐ Odor
- ☐ Hair loss
- ☐ Scabs or sores
- ☐ Ear discharge
- ☐ Digestive change
- ☐ Restlessness

CHECK POSSIBLE TIMING OR TRIGGER

- ☐ After outdoor time
- ☐ After meal or treat
- ☐ After grooming
- ☐ Morning
- ☐ Evening
- ☐ Overnight
- ☐ New product
- ☐ Medication or supplement
- ☐ No clear pattern

SHORT NOTES

DAY 4

Date: _____ Time: _____

CIRCLE ONE ITCH LEVEL 0 = none, 5 = severe

0 1 2 3 4 5

CHECK WHERE YOUR DOG IS ITCHY

- ☐ Ears
- ☐ Paws
- ☐ Face
- ☐ Belly or groin
- ☐ Back or tail base
- ☐ All over

CHECK SYMPTOMS YOU NOTICED

- ☐ Scratching
- ☐ Licking or chewing
- ☐ Redness
- ☐ Odor
- ☐ Hair loss
- ☐ Scabs or sores
- ☐ Ear discharge
- ☐ Digestive change
- ☐ Restlessness

CHECK POSSIBLE TIMING OR TRIGGER

- ☐ After outdoor time
- ☐ After meal or treat
- ☐ After grooming
- ☐ Morning
- ☐ Evening
- ☐ Overnight
- ☐ New product
- ☐ Medication or supplement
- ☐ No clear pattern

SHORT NOTES

DAY 5

Date: _____ Time: _____

CIRCLE ONE ITCH LEVEL 0 = none, 5 = severe

0 1 2 3 4 5

CHECK WHERE YOUR DOG IS ITCHY

- ☐ Ears
- ☐ Paws
- ☐ Face
- ☐ Belly or groin
- ☐ Back or tail base
- ☐ All over

CHECK SYMPTOMS YOU NOTICED

- ☐ Scratching
- ☐ Licking or chewing
- ☐ Redness
- ☐ Odor
- ☐ Hair loss
- ☐ Scabs or sores
- ☐ Ear discharge
- ☐ Digestive change
- ☐ Restlessness

CHECK POSSIBLE TIMING OR TRIGGER

- ☐ After outdoor time
- ☐ After meal or treat
- ☐ After grooming
- ☐ Morning
- ☐ Evening
- ☐ Overnight
- ☐ New product
- ☐ Medication or supplement
- ☐ No clear pattern

SHORT NOTES

DAY 6

Date: _____ Time: _____

CIRCLE ONE ITCH LEVEL 0 = none, 5 = severe

0 1 2 3 4 5

CHECK WHERE YOUR DOG IS ITCHY

- ☐ Ears
- ☐ Paws
- ☐ Face
- ☐ Belly or groin
- ☐ Back or tail base
- ☐ All over

CHECK SYMPTOMS YOU NOTICED

- ☐ Scratching
- ☐ Licking or chewing
- ☐ Redness
- ☐ Odor
- ☐ Hair loss
- ☐ Scabs or sores
- ☐ Ear discharge
- ☐ Digestive change
- ☐ Restlessness

CHECK POSSIBLE TIMING OR TRIGGER

- ☐ After outdoor time
- ☐ After meal or treat
- ☐ After grooming
- ☐ Morning
- ☐ Evening
- ☐ Overnight
- ☐ New product
- ☐ Medication or supplement
- ☐ No clear pattern

SHORT NOTES

DAY 7

Date: _____ Time: _____

CIRCLE ONE ITCH LEVEL 0 = none, 5 = severe

0 1 2 3 4 5

CHECK WHERE YOUR DOG IS ITCHY

- ☐ Ears
- ☐ Paws
- ☐ Face
- ☐ Belly or groin
- ☐ Back or tail base
- ☐ All over

CHECK SYMPTOMS YOU NOTICED

- ☐ Scratching
- ☐ Licking or chewing
- ☐ Redness
- ☐ Odor
- ☐ Hair loss
- ☐ Scabs or sores
- ☐ Ear discharge
- ☐ Digestive change
- ☐ Restlessness

CHECK POSSIBLE TIMING OR TRIGGER

- ☐ After outdoor time
- ☐ After meal or treat
- ☐ After grooming
- ☐ Morning
- ☐ Evening
- ☐ Overnight
- ☐ New product
- ☐ Medication or supplement
- ☐ No clear pattern

SHORT NOTES

End-of-week summary

Review the seven days, then check the patterns that appeared most often. This summary can help your veterinarian ask more focused questions.

CHECK WHAT WAS MOST COMMON

- ☐ Ears
- ☐ Paws
- ☐ Face
- ☐ Belly or groin
- ☐ Back or tail base
- ☐ All over
- ☐ After outdoor time
- ☐ After meals or treats
- ☐ After grooming
- ☐ Morning
- ☐ Evening
- ☐ Overnight

The highest itch level I circled was: 0 1 2 3 4 5

NOTES FOR MY VETERINARIAN

What seemed to make the itching worse?

What seemed to help?

What changed during the week?

Questions I want to ask:

BRING TO YOUR APPOINTMENT

- ☐ Completed tracker
- ☐ Food and treat list
- ☐ Supplement list
- ☐ Skin or ear products
- ☐ Photos
- ☐ Medication list
- ☐ Parasite prevention details
- ☐ Cleaning or bedding products

Do not delay veterinary care to finish this tracker. If symptoms worsen or your dog seems distressed, contact your veterinarian.