

ALLERGY ORDER FORM

2801 S. 35th St. | Phoenix, AZ 85034 | 800.553.1391 | VetAllergy.com

EFFECTIVE 01.01.2019



Please complete this form as fully as possible, including history form.
Return form with sample as per delivery instructions.
No Steroid Withdrawal required // 3-5 mls of Serum

For Office Use Only:

Specimen No: _____ Date Rcvd: _____

SUPPLY REQUEST:

- Lab Supplies (order forms, serum vials)
- Mailing Supplies (FedEx bags, labels)
- Brochures (Qty. 25) circle one Pet Horse Treatment
- Office Poster
- Other (Please specify) _____

Veterinarian _____

Clinic _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Clinic Email _____

Receive results via email within 72 business hours of sample receipt

Animal's Name _____ Owner's Name _____

Breed _____ Date _____

Canine Feline Equine Age _____

ALLERGY TESTING

- TEST & TREAT PACKAGE** SubQ Injections Sublingual Drops CALL CLINIC
Includes 1 SPOT Platinum Allergy Test & 1 Treatment of your choice



- SPOT PLATINUM** (TEST ONLY-91 ALLERGENS (SM ANIMAL) / 86 ALLERGENS (EQUINE)
Includes weeds, trees, grasses, epidermals, foods, mites, molds, staph, insects, Malassezia, indoor (or barn) allergens

INDIVIDUAL PANELS

- REGIONAL PANEL (53 ALLERGENS)
Includes regional inhalent allergens
- COMPREHENSIVE FOOD PANEL (SM ANIMAL ONLY)
24 Most common commercial pet food ingredients

- INDIVIDUAL/SPECIAL ORDER ALLERGENS (LIST BELOW)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

CHRONIC INFECTION TESTING

- FULL BIOFILM PANEL
 FULL BIOFILM PANEL W/ ALLERGY

LIST ANTIBIOTICS PATIENT HAS PREVIOUSLY BEEN TREATED WITH IN NOTES SECTION OF HISTORY FORM

*Active infection required: Discontinue antibiotics 7-10 days prior to sample collection.

VACCICHECK SEND OUT TITER TESTING

- CANINE VACCICHECK

Antibody titer test for Parvovirus, Distemper & infectious Hepatitis. In-clinic tests also available for purchase, visit www.VacciCheck.com for more information.

CONTINUE TO HISTORY FORM

SPECTRUM SERVICES HISTORY FORM

Please complete and return with order form

| | |
|--------------------------------|---|
| Date: _____ | Veterinarian: _____ |
| Animal's Name: _____ | Owner: _____ |
| Animal's Age: _____ Sex: _____ | <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Horse Breed: _____ |

CANINE / FELINE PATIENTS

1. Current Allergy Symptoms are:

Skin Issues Respiratory Issues GI Issues
 Other _____

2. What age did the symptoms begin? _____

3. Has the animal ever been tested for allergies in the past? Yes* No

If yes:
 by Spectrum Lab No. _____
 by other means. Specify _____

Has patient been on hyposensitization treatment?
 Yes No When? _____

4. Has the animal ever been on "relief" meds?
 Yes No

What: _____
When: _____

5. What age did you 1st notice problem? _____

6. What foods do you feed?
 Canned Dry Table Scraps

Brand: _____
Other: _____

7. Exposed to other animals?
 Dog Cat Bird Other: _____

EQUINE PATIENTS

1. Current Allergy Symptoms are:

IBH/Hives Respiratory Issues Hairloss
 Other _____

2. What age did the symptoms begin? _____

3. Has the animal ever been tested for allergies in the past? Yes* No

If yes:
 by Spectrum Lab No. _____
 by other means. Specify _____

Has patient been on hyposensitization treatment?
 Yes No When? _____

4. Describe the stable environment (other animals, insects, climate, etc) _____

5. Describe horse's diet: _____

6. How have the horse's symptoms been treated in the past?

BECSCREEN HISTORY DETAILS OR ADDITIONAL ALLERGY NOTES

* As of Jan. 1, 2014 we are no longer offering retesting on our own results at half price, except for food panels. If you have a patient that isn't performing well on treatment please contact Technical Services for additional assistance.