MHESKA

HESKA Veterinary	/ Diagnostic La	boratories
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Clinic ID: Owner (Last): (First): Clinic Name: **Patient Name:** DOB:

Address: feline Species: canine

City, State, Zip: male Breed: Sex: female LAB USE ONLY **Blood Collection**

Spayed/Neutered: ST HT Doctor: Date: yes no unknown RT

Canine/Feline ALLERCEPT® (Environmental) Panel (2.0 ml serum) ALLERCEPT Food* Panel **BOTH Environmental & Food** (1.0 ml serum) Regional immunotherapy recommendation is based on clinic's location. If pet's primary **FOOD ONLY** (3.0 ml serum)

location is different, please provide pet's state and zip code

ALLERGY PATIENT HISTORY

Section A – Home Environmental Exposures

Are there any other pets in household: Yes No If yes, what type:

Does the pet have fleas or a history of flea infestation: Have there been any recent environmental changes:

Section B – Medical Information

Age of onset of clinical signs: Are clinical signs primarily: Dermatologic Respiratory Gastrointestinal

Describe the major complaint:

Otitis Pododermatitis Select all that apply: Scabs Crusts **Papules Pustules**

> Skin Erythema Pvoderma Seborrhea Malassezia **Pruritus** Alopecia

Parasites (type):

Is the disease intermittent or constant: Chronic: Acute or

Are clinical signs: Non Seasonal Seasonal During what months is the disease most severe: Fall Winter Spring Summer

Other diagnosed medical problems: What is your differential diagnosis:

Type of Diagnostic	Date Performed	Results
Skin scrapings		
Surface cytology/biopsy		
Dermatophyte culture		
Thyroid testing		
ACTH stimulation		
Dietary elimination trial		Food & response:
Other		

Symptomatic Treatments Used	Drug Name	Last Date Administered	Effectiveness (better, worse, no change)		
Corticosteroids			Better	Worse	No change
Antihistamines			Better	Worse	No change
Shampoo/rinse			Better	Worse	No change
Antibiotics			Better	Worse	No change
Immunotherapy			Better	Worse	No change
Other			Better	Worse	No change

Send this form, serum sample, additional laboratory reports, pictures, etc., to Heska Corporation, 3760 Rocky Mountain Avenue, Loveland, Colorado 80538

Inquiries for diagnostic testing, sample submission, patient reprints, or case consultation, call Heska's Medical and Technical Consultants at 800.464.3752, option 5.

*Heska, in agreement with the American College of Veterinary Dermatology, does not recommend IgE testing for foods. A compliant exclusionary diet trial, followed by provocative re-challenge, is recommended for animals suspected of suffering from adverse reaction to foods

All samples become the sole and exclusive property of Heska Corporation upon receipt.