

Heska Veterinary Diagnostic Laboratories

Clinic ID: _____
 Clinic Name: _____
 Address: _____
 City, State, Zip: _____
 Doctor: _____

Owner (Last): _____ (First): _____
 Patient Name: _____ DOB: _____
 Species: canine feline
 Breed: _____ Sex: male female
 Spayed/Neutered: yes no unknown



LAB USE ONLY
 RT ST HT

Canine/Feline ALLERCEPT® (Environmental) Panel (2.0 ml serum)
 Regional immunotherapy recommendation is based on clinic's location. If pet's primary location is different, please provide pet's state _____ and zip code _____

ALLERCEPT Food* Panel (1.0 ml serum)
FOOD ONLY

BOTH
 Environmental & Food (3.0 ml serum)

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: _____

Check all that apply: Otitis Pododermatitis Scabs Crusts Papules Pustules
 Skin Erythema Pyoderma Seborrhea Malassezia Pruritus Alopecia

Parasites (type): _____
 Is the disease intermittent or constant: _____ Acute or Chronic
 Are clinical signs: Non Seasonal Seasonal During what months is the disease most severe: Spring Summer Fall Winter
 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			<input type="radio"/> Better <input type="radio"/> Worse <input type="radio"/> No change
Antihistamines			<input type="radio"/> Better <input type="radio"/> Worse <input type="radio"/> No change
Shampoo/rinse			<input type="radio"/> Better <input type="radio"/> Worse <input type="radio"/> No change
Antibiotics			<input type="radio"/> Better <input type="radio"/> Worse <input type="radio"/> No change
Immunotherapy			<input type="radio"/> Better <input type="radio"/> Worse <input type="radio"/> No change
Other			<input type="radio"/> Better <input type="radio"/> Worse <input type="radio"/> 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.