nelco·vet 1-800-541-0790

Allergy Test Request Order Form

Instructions

1. Complete the information below
2. Check the desired panel(s) below
3. Complete Patient History Form on back (optional)
4. Submit 2-3 cc clear serum in vial supplied
5. Mail Order Form & Vial in Mailer provided

Dr. ..... Acc #	Date .....
Hosp.	Client .....
Addr.	Pet's Name .....
City	Species .....
State ..... Zip	Age ..... Years
Teleph.	Breed .....
Fax	Sex

Each Regional panel consists of 57 allergens including grasses, weeds, trees and household allergens such as dust, fleas, molds, etc.

Select Panel(s)

❑ North Eastern ❑ Southern ❑ Mid Western ❑ Western

❑ Ext. Inhalant *(8 Allergens)* ❑ Food *(12 Allergens)* ❑ Ext. Food *(8 Allergens)* ❑ Biting Insects *(Equine)*

❑ Staph ❑ Malassezia

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PATIENT HISTORY FORM
(Optional)

nelco.vet PATIENT HISTORY FORM

Does you pet suffer from:

- ❑ Sneezing
- ❑ Runny Nose
- ❑ Coughing
- ❑ Skin Problems
- ❑ Vomiting
- ❑ Diarrhea
- ❑ Ear Infection

At what age did the problem(s) begin?

_____

Does the pet have lesions? yes no
If yes, where?

- ❑ Nose
- ❑ Tail
- ❑ Backside
- ❑ Groin
- ❑ Chest
- ❑ Back
- ❑ Legs
- ❑ Eyes
- ❑ Neck
- ❑ Paws
- ❑ Stomach
- ❑ Ears

Where are the symptoms worse?

❑ Indoor ❑ Outdoor ❑ Same

If skin problems are present please describe:

- ❑ Itching
- ❑ Odor
- ❑ Redness
- ❑ Pimples
- ❑ Hives
- ❑ Dry Skin
- ❑ Oily Skin

Have there been any changes to your home?

- ❑ Yes
- ❑ No
- ❑ New Home
- ❑ New Carpet
- ❑ Remodeling
- ❑ Extermination
- ❑ Other

_____

In which season are the symptoms worse?

- ❑ Winter
- ❑ Spring
- ❑ Summer
- ❑ Fall
- ❑ Same all year

Where does your pet primarily reside?

- ❑ Indoor
- ❑ Outdoor
- ❑ City
- ❑ Country

Was your pet recently

Acquired	❑ yes	❑ no
Away from home	❑ yes	❑ no
Boarded	❑ yes	❑ no
With other animals	❑ yes	❑ no
Other	❑ yes	❑ no

Please list any of your pets past illness(es):

_____

_____

_____

What does the pets diet consist of?

❑ Dry_____ ❑ Can _____ Table Food ❑ yes ❑ no

TO BE COMPLETED BY THE VETERINARIAN

A. What Medication(s) has the pet had since the problem began?

Steroids:_____Yes _____No

Oral:_____T opical:_____

Injectable:_____

Do these medications help?_____ Yes _____No

_____ Some _____Temporarily

B. Other relevant symptoms?

_____Dermatological _____Gastrointestinal _____Hematological _____Ophthalmological

_____Otological _____Respiratory _____Other

C. Comments:_____

To Order See Other Side →→