

# 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.