### SPECTRUM SERVICES HISTORY FORM

Please complete and return with order form

<table>
<thead>
<tr>
<th>Date: ____________________________</th>
<th>Veterinarian: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal’s Name: ____________________</td>
<td>Owner: __________________________</td>
</tr>
<tr>
<td>Animal’s Age: _______  Sex: _______</td>
<td>Dog  Cat  Horse  Breed: ___________</td>
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</tbody>
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### 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.