

SPECTRUM LABS SERVICES HISTORY FORM

Please complete and return with order form

Date: _____

Animal's Name: _____

Animal's Age: _____ Sex: _____

Veterinarian: _____

Owner: _____

Dog Cat Horse Breed: _____

Section A: (to be completed for all species and all tests)

1. The signs include:

Skin Problems

- | | |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Itching | <input type="checkbox"/> Dry Skin |
| <input type="checkbox"/> Oily Skin | <input type="checkbox"/> Odor |
| <input type="checkbox"/> Redness | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Loss of Hair | <input type="checkbox"/> Dandruff |

Respiratory Problems

- Cough
- Sneeze
- Runny Nose

Gastrointestinal Problems

- Vomiting
- Diarrhea

Other _____

2. Has the animal ever been tested for allergies in the past?

- Yes No

If yes:

By Spectrum Labs Lab No. _____

Tested by other means. Specify _____

3. Has the animal ever been hyposensitized?

- Yes No

When: _____

4. When are the symptoms the worst?

- Spring Summer Fall Winter Not Seasonal

5. At what age did you first notice the problem? _____

6. Has the animal been out of his/her normal area (vacation, boarding, etc.)?

- Yes No

Where: _____

When: _____

Section B: (To be completed for canine/feline allergy testing)

1. What type and brand of food do you feed your pet?

Canned: _____

Dry: _____

Table Scraps: _____

Other: _____

2. Does your pet use food supplements or vitamins?

- Yes No

Specify: _____

3. Do any members of your household smoke?

- Yes No

4. Is your pet exposed to any other animals?

- Yes No
 Dog Cat Bird Other _____

5. What % of time is the pet indoors _____ outdoors _____?

6. Comments: _____

Section C: (to be completed for equine allergy testing)

1. What % of time is the horse outdoors _____ in a barn _____?

2. What does the horse's diet consist of? _____

3. Comments: _____