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
  [ ] Itching  [ ] Dry Skin
  [ ] Oily Skin  [ ] Odor
  [ ] Redness  [ ] Rash
  [ ] Loss of Hair  [ ] Dandruff

[ ] Respiratory Problems
  [ ] Cough  [ ] Sneezing
  [ ] 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 on allergy shot treatment?
  [ ] 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: ____________________________________
   _____________________________________________
   _____________________________________________