Today’s Date: ____________________ Lab #: _________________________________

Pet’s Name: ____________________ Dr.’s Name: ______________________________

Clinic Name: ____________________ Clinic Phone Number: (___) ____________

How do you wish to receive schedule suggestions? (VET CLINIC ONLY)  Fax  Email

Fax #: (___) ________________  Email address: ______________________________

Patient Species: (Check One):  ☐ Canine  ☐ Feline  ☐ Equine

1. Date of last Injection? : _________________  Dosage Amount? : ______________

Animal is on:  ☐ 1-Treatment Set  ☐ 1-Refill Set  ☐ 1-Sublingual

☐ 2-Treatment Sets  ☐ 2-Refill Sets  ☐ 2-Sublingual

If on Treatment, what vial is the dosage coming from?

☐ Vial “A” Green  ☐ Vial “B” Blue  ☐ Vial “C” Red

If patient is experiencing increase symptoms within 48 hours of any injection
PLEASE temporarily discontinue hyposenitization. Complete technical support
questionnaire in its entirety to receive schedule adjustments.

2. Describe the patient’s current condition/symptoms: ________________________________

___________________________________________________________________________

3. ☐ Itchy  ☐ Diarrhea  ☐ Lethargy  ☐ Vomiting

☐ Hives  ☐ Redness  ☐ Oily Skin  ☐ Other ________________________________

4. What changes occur during the first 48 hours post injection; do the symptoms: (Circle One)

A. Increase  B. Decrease  C. No visible change

5. Is the animal on ANY relief medications? ________________________________________

☐ Oral Prednisone  ☐ Injectable Prednisone  ☐ Antihistamines  ☐ Other (list above)

6. Are the symptoms Seasonal: ☐ Winter  ☐ Spring  ☐ Summer  ☐ Fall  or ☐ Non-Seasonal?

7. What does the patient’s diet consist of? (Please be specific) ________________________________

___________________________________________________________________________

8. How much time does the patient spend:

Indoors: _____________  Outdoors: _____________  Barn (if applies) ___________

COMPLETE THIS FORM IN ITS ENTIRETY TO RECEIVE SCHEDULE ADJUSTMENTS
ONCE COMPLETED PLEASE FAX BACK TO (480) 898-0611