

Allergy Testing Pet History Form

Date:

Clinic Name:

Account #:

Clinician:

Phone:

Fax:

Owner's Name:

Patient's Name:

Species:

Breed:

Age:

Sex:

PET OWNER SECTION

BASIC HISTORY

Age of the pet when the problems started:

<1 Year 1-3 Years 4-7 Years >7 Years

Season the problems started:

Winter Spring Summer Fall

SYMPTOMS

Does the pet do any of the following?

Scratch Chew Bite Rub Lick Other _____

If yes, where?

Ears Face Feet Body Tail/Rump Legs

Which of the following came first?

Itching/Scratching
 Hair Loss/Rash

ENVIRONMENT

Describe the area where the pet resides:

Rural Wooded Suburban
 Near Water Urban

What other pets are in the household?

Dog Bird Rabbit
 Cat Ferret Small Rodents

Percent of time spent indoors:

≤25% 26%-50% 51%-75%
 76%-100%

Do any other pets in the household have skin problems?

Dog Bird Rabbit
 Cat Ferret Small Rodents

Describe the pet's inside environment:

BATHING

How often is the pet bathed?

Weekly Monthly

Shampoo type (check all that apply):

Anti-itch Antifungal
 Antibacterial Hypoallergenic

Brand:

DIET

Food type (check all that apply):

Homemade Hypoallergenic
 Commercial Prescription Raw

Brand:

Table Food: Yes No

Treats:

Biscuits Rawhides
 Chewies Bones

Brand:

VETERINARIAN SECTION

Fleas controlled?

Yes No

How often are products applied? _____

Are all the pets in the household on preventives? Yes No

Has a food trial been performed?

Yes No

Which hypoallergenic diet? _____

Was diet strictly adhered to?

Yes No How long? _____

During what season(s) are symptoms present?

Winter Summer
 Spring Fall

Is *Malassezia* a problem for the pet?

Yes No

Was *Sarcoptes* considered?

Yes No

Were skin scrapings performed?

Yes No

If yes, were skin scrapings positive?

Yes No

Was pet treated for *Sarcoptes*?

Yes No

What product was used? _____

How many times has the pet been treated for pyoderma?

Never Rarely (once per year)
 Occasionally (2-3 times per year)

When were steroids last used?

Type: _____

Dose: _____

Frequency: _____

Number of times in the past year treated with steroids: _____

What was the response to steroids?

No response Excellent response
 Temporary response

Please submit this form with your test requisition form.

Should you have any questions, call **Customer Support: 1-800-667-3411, option 1, option 1.**

