

ALLERGY ORDER FORM

2801 S. 35th St. | Phoenix, AZ 85034 | 800.553.1391 | www.Spectrum.vet

EFFECTIVE 11.01.2019



v4

Please complete this form as fully as possible, including history form.
Return form with sample as per delivery instructions.
No Steroid Withdrawal required // 3-5 mls of Serum

For Office Use Only:

Specimen No: _____ Date Rcvd: _____

Veterinarian _____

Animal's First Name _____

Clinic _____

Last Name _____

Address _____

Canine Feline Equine

City _____ State _____ Zip _____

Breed _____

Phone (____) _____ Fax (____) _____

Age _____ Date _____

Clinic Email _____

Weight: Under 22 lbs Over 22 lbs

Receive results via email within 72 business hours of sample receipt

NEED SUPPLIES? Check here or go to www.spectrum.vet/supplies

For **Order Forms** go to www.spectrum.vet/order

For **Shipping Labels** go to www.spectrum.vet/ship

ALLERGY TESTING

BEST VALUE

TEST & TREAT PACKAGE SubQ Injections Sublingual Drops CALL CLINIC

Includes 1 SPOT Platinum+ Allergy Test & Initial Treatment of your choice

SPOT PLATINUM+ TEST ONLY

Includes weeds, trees, grasses, epidermals, foods, mites, molds, staph, insects, Malassezia, indoor (or barn) allergens

INDIVIDUAL PANELS

REGIONAL PANEL (53 ALLERGENS)

Includes regional inhalant allergens

COMPREHENSIVE FOOD PANEL (SM ANIMAL ONLY)

24 Most common commercial pet food ingredients

INDIVIDUAL/SPECIAL ORDER ALLERGENS (LIST BELOW)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

ANTIBODY TITER TESTING

www.VacciCheck.com

RAN @ SPECTRUM'S FACILITIES

CANINE VACCICHECK (1)

please submit serum/whole blood sample

PURCHASE IN-CLINIC TEST KITS

CANINE VACCICHECK KIT (12)

CANINE VACCICHECK LAB PACK (120)

Validates protection for Parvovirus, Distemper & infectious Hepatitis.

CONTINUE TO HISTORY FORM

SPECTRUM SERVICES HISTORY FORM

Please complete and return with order form

Date: _____

Veterinarian: _____

Animal's Name: _____

Owner: _____

Animal's Age: _____ Sex: _____

Dog Cat Horse Breed: _____

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 foods do you feed?

Canned Dry Table Scraps

Brand: _____

Other: _____

6. Exposed to other animals?

Dog Cat Bird Other: _____

EQUINE PATIENTS



1. Current Allergy Symptoms are:

- IBH/Hives Respiratory Issues Hair loss
 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?

ADDITIONAL ALLERGY NOTES

