

# Allercept™ Companion Animal Environmental & Food Assessment Order Form

Account #:	Owner name (Last):	(First):
Clinic name:	Patient name:	DOB:
Address:	Species: Canine Feline	Sex: Male Female
City, State, Zip:	Breed:	Spay/Neuter: Yes No
Blood Collection Date:	Doctor:	Lab Use Only: RT ST HT
<b>Please Select One:</b>	Allercept Environmental* Panel (2.0 ml serum)	Allercept Food** Panel (1.0 ml serum)
		BOTH Environmental & Food** (3.0 ml serum)

\*Regional immunotherapy recommendation is based on clinic's location. If pet's primary location is different, please provide pet's zip code(s).  
 \*\*The American College of Veterinary Dermatology does not recommend IgE testing for foods. A compliant exclusionary diet trial is recommended. Not available for Banfield hospitals to order.

## PATIENT'S ALLERGY HISTORY

### SECTION A – HOME ENVIRONMENTAL EXPOSURES

Are there any other pets in household: Cat Dog Other:

Does the pet have fleas or a history of flea infestation: Yes No

Have there been any recent environmental changes:

### SECTION B – MEDICAL INFORMATION

Age of onset of clinical signs: Are clinical signs primarily: Dermatologic Respiratory Gastrointestinal

Describe the major complaint:

Select all that apply: Pododermatitis Otitis Scabs Crust Papules Pustules Hives  
 Erythema Pyoderma Seborrhea Malassezia Pruritus Alopecia

Parasites (type):

Is the disease: Intermittent Constant Acute Chronic

Are clinical signs: Non-Seasonal Seasonal During what months is the disease most severe: Spring Summer Fall Winter

Other diagnosed medical problems:

What is your differential diagnosis:

### DIAGNOSTIC DATE PERFORMED RESULTS

Skin scrapings:

Surface cytology/biopsy:

Dermatophyte culture:

Thyroid testing:

ACTH stimulation:

Dietary elimination trial: Food, duration, response:

Other:

### TREATMENTS DRUG NAME DATE EFFECTIVENESS

TREATMENTS	DRUG NAME	DATE	EFFECTIVENESS		
Corticosteroids:			Better	Worse	No change
Antihistamines:			Better	Worse	No change
Shampoo/rinse:			Better	Worse	No change
Antibiotics:			Better	Worse	No change
Immunotherapy:			Better	Worse	No change
Other:			Better	Worse	No change

Questions? Email us at [allergy.lvid@antechdx.com](mailto:allergy.lvid@antechdx.com).