



Canine/Feline Allergy Diagnosis Request Form

Name of Submitting Veterinary Surgeon _____

Date Sampled _____

Practice Details _____

The answer to allergy

NationWide Laboratory Services
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Tel: 01253 899215 Fax: 01253 891934
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Name of Animal: _____

Name of Owner: _____

Age: _____ years Sex: M F N

Species: _____

Breed: _____

Please take a little time to complete this questionnaire.
The answers will be extremely useful when interpreting test results.

Clinical History

What is/are the major presenting signs? _____

At what age did clinical signs first appear? _____

When are signs most severe? Spring Summer Autumn Winter All year

Where are signs most obvious? Indoors Outdoors No difference

Dermatological Cases

How would you grade the level of pruritus? Mild Moderate Intense Very intense
 Intermittent Constant

Are there any lesions Yes No

What do the lesions look like? _____

Where are the lesions located? _____

What measures are used for flea control?

Products: _____

Frequency: _____

Has the animal undergone a therapeutic trial for sarcoptic mange (dogs)? Yes No

Was there any improvement? Yes No

Has the animal received any medication?

Corticosteroids (type, dose and duration): _____

Antihistamines (type, dose and duration): _____

Other: _____

Please give details of any response to therapy: _____

Is the animal still under treatment? Yes No Treatment suspended on: ____ / ____ / ____

Has the animal been fed an elimination diet? Yes No For how long? _____ weeks

Was there any response to the dietary trial? Yes No

What is the animals usual food? Commercial Wet Dry Home prepared

If commercial, please state which brand: _____

For home cooked diets please outline major ingredients: _____

Test Request Minimum sample volume: 3ml Serum.

Environmental Screen Environmental Panel Environmental and Food Panels

Environmental and Food Screen Flea Malassezia Staphylococcus

Date Received:	Date Reported:	Lab Ref:
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