

# Heska Veterinary Diagnostic Laboratories

Clinic ID:  
 Clinic Name:  
 Address:  
 City, State, Zip:  
 Doctor:

Owner (Last): (First):  
 Patient Name: DOB:  
 Sex: mare gelding stallion  
 Breed:



Blood Collection Date:

**Equine ALLERCEPT® Allergen Panel 3.0 ml serum required**

Regional immunotherapy recommendation is selected based on clinic's state and zip code. If horse's primary residence is different than clinic location, please provide horse's home state and zip code

LAB USE ONLY  
 RT ST HT

**ALLERGY PATIENT HISTORY**

**Section A – Environmental Exposures**

Contact with other domestic animals: Yes No If yes, what type:  
 Is tack shared: Yes No Other animals affected: Yes No  
 What is the horse fed:  
 Access to pasture: No Yes, type:

**Section B – Medical Information**

Age of onset of clinical signs:  
 Does horse have COPD: Yes No  
 Describe major complaint:  
 Check all that apply: Crusts Scales Hives Weight Loss Alopecia Hair Color Change  
 Hair Breakage Coughing Sneezing Exercise Intolerance Nasal Discharge Ocular Discharge  
 Parasites (type):  
 Is the disease intermittent or constant: Acute or 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:

Type of Diagnostic	Date Performed	Results
Skin scrapings		
Skin cytology/biopsy		
Dermatophyte culture		
Fecal Exam		
BAL		
Other		

Symptomatic Treatments Used	Drug Name	Last Date Administered	Effectiveness (better, worse, no change)		
Corticosteroids			Better	Worse	No change
Antihistamines			Better	Worse	No change
Shampoo/rinse/spray			Better	Worse	No change
Deworm			Better	Worse	No change
Insecticide			Better	Worse	No change
Other			Better	Worse	No change

**Send this form, serum sample, additional laboratory reports, pictures, etc., to Heska Corporation, 3760 Rocky Mountain Avenue, Loveland, Colorado 80538**

Inquiries for diagnostic testing, sample submission, patient reprints, or case consultation, call Heska's Medical and Technical Consultants at 1-800-GO HESKA (1-800-464-3752), option 5.

**All samples become the sole and exclusive property of Heska Corporation upon receipt.**

ALLERCEPT Allergen Panel—Equine Order Form