



Countless Pet Allergies. One Solution.  
 2 Channel Drive, Port Washington, NY 11050  
 800-444-2370, 888-840-9657 (fax)  
 www.acttallergy.com

ACTT LAB USE ONLY


## ACTT ALLERGY ORDER FORM

INSTRUCTIONS: Please fill out the below information, choose testing service and return form with serum sample. Note serum requirements indicated.

### CLINIC INFORMATION

ACCOUNT NUMBER: \_\_\_\_\_

VETERINARIAN/CLINIC: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### PATIENT INFORMATION

ANIMAL NAME: \_\_\_\_\_  CANINE  FELINE  EQUINE

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

BREED: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

DATE SERUM COLLECTED: \_\_\_\_\_

HAS THIS ANIMAL BEEN PREVIOUSLY TESTED WITH ACTT?  NO  YES SPECIMEN #: \_\_\_\_\_

### OWNER INFORMATION

OWNER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL (FOR IMPORTANT INFORMATION & DISCOUNTS): \_\_\_\_\_

#### CANINE/FELINE TESTING

- COMPREHENSIVE PANEL 5 ML SERUM  
(BEST VALUE) Environmental + Food
- ENVIRONMENTAL PANEL 4 ML SERUM  
Regional, Insect & Indoor Panels + Staph and Malassezia
- FOOD ONLY PANEL 2 ML SERUM  
Common pet food ingredients
- AIM PRELIMINARY PANEL 3 ML SERUM  
CANINE ONLY: Tests five allergen groups to indicate elevated levels of IgE reflecting a score of Positive, Borderline or Negative to each. The cost of AIM may be applied to future testing (please call for details).

#### EQUINE TESTING

- COMPREHENSIVE PANEL 6.5 ML SERUM  
Regional, Feed Ingredients, Insect, Mold, Mite Panels including Culicoides.
- INSECT PANEL 3 ML SERUM  
Black Ant, Fire Ant, Caddisfly, Cockroach Mix, Culicoides, Deer Fly, Horse Fly, House Fly, and Mosquito.

### NEW! TREATMENT PRE-AUTHORIZATION. ALLERGY TESTING AND TREATMENT GO HAND IN HAND.

Don't wait any longer than necessary to get your patient started on treatment! When you pre-authorize treatment ALK will start the order process the same day that test results are available. A final authorization request will be sent to the clinic for approval before creating the custom treatment set. Simply complete this section and sign below.

ACTT ALLERGY SHOTS  ACTT ALLERGY DROPS

DOES THIS PATIENT HAVE A HISTORY OF VACCINE REACTIONS?  YES  NO

IS THE ABOVE SHIPPING ADDRESS FOR THE CLINIC CORRECT?  YES  NO

VETERINARIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# ALLERGY HISTORY FORM



INSTRUCTIONS: To be filled out by the pet owner. Please fill out the below information to the best of your knowledge.

## PET INFORMATION

PET'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

SEX: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

BREED: \_\_\_\_\_ SPAYED OR NEUTERED? (YES/NO): \_\_\_\_\_

GRADE THE DISCOMFORT LEVEL OF YOUR PET TODAY, ON A SCALE OF 1-10: \_\_\_\_\_

(0 = NO DISCOMFORT; 1-2 = MILD; 3 = MILD/MODERATE; 4-6 = MODERATE; 7 = MODERATE/SEVERE; 8-10 = SEVERE)

## CANINE/FELINE

1. What symptoms of allergy are present?

- Skin Problems       Ear Infections       Vomiting/  
Diarrhea       Runny Nose/  
Sneeze       Cough

2. At what age did the problem(s) begin? \_\_\_\_\_

3. Skin problems? Please check all that apply:

- Itching       Pimples       Redness       Dandruff/Eczema       Hair loss  
 Hives       Oily skin       Odor       Dry skin       Discoloration

4. When are symptoms worse?

- Spring       Summer       Fall       Winter       Year-Round

5. Please list any other animals your pet has been exposed to, pets or otherwise:

\_\_\_\_\_  
\_\_\_\_\_

6. Please list type and brand of food you feed your pet:

- Canned       Dry       Table Scraps       Other

## EQUINE

1. What symptoms of allergy are present?

\_\_\_\_\_  
\_\_\_\_\_

2. At what age did the problem(s) begin? \_\_\_\_\_

3. Are the symptoms seasonal? (if yes, which season)

- Spring       Summer       Fall       Winter

4. Describe any respiratory problems the horse exhibits: \_\_\_\_\_

5. Has this horse been diagnosed with COPD / RAO?      Yes      No

6. Is the horse pruritic (itchy)?      Yes      No

## VETERINARIAN USE ONLY

Date: \_\_\_\_\_ Acct. #: \_\_\_\_\_ Clinic: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

How would you characterize the patient's discomfort level?

- Mild       Moderate       Moderate/Severe       Severe

Need replacement supplies? Indicate: \_\_\_ Vials/Mailers    \_\_\_ Order Forms    \_\_\_ Pet Owner Brochure