

# CLINIC EMPLOYEE ORDER FORM

Please fill out both sides of this form



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

Specimen Number	Date Received
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## CLINIC EMPLOYEE ORDER FORM

Thank you for choosing ACTT® for your allergy management needs. We value your business and remain committed to bringing you the best practices in serum allergy testing, immunotherapy treatment and customer service.

As part of our Clinic Perks Program, we offer 50% off testing and treatment for clinic employees. To take advantage of this offer, simply submit this order form with your pet's serum sample. Form must be presented at the time of service.

*Limited to two pets per employee. Discount cannot be applied to animals previously tested. Testing must be approved by clinic owner/veterinarian. Offer available to ALL clinic staff. Employment verification may be requested by ALK at time of order. If employee leaves clinic no further discounts will apply. Clinic is responsible for any charges incurred.*

### CLINIC INFORMATION

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

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

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

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

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

EMPLOYEE/OWNER NAME: \_\_\_\_\_ POSITION AT CLINIC: \_\_\_\_\_

### 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 #: \_\_\_\_\_

#### CANINE/FELINE TESTING

- COMPREHENSIVE PANEL** **5 ML SERUM**  
(BEST VALUE) Environmental + Food
- ENVIRONMENTAL PANEL** **4 ML SERUM**  
Regional, Insect & Indoor Panels + Staph and Malassezia

#### EQUINE TESTING

- COMPREHENSIVE PANEL** **6.5 ML SERUM**  
Regional, Feed Ingredients, Insect, Mold, Mite Panels  
including Culicoides.

*For Equine patients, the Equine Comprehensive is the only testing option and must be selected.*

Veterinarian or Clinic Owner's Signature: \_\_\_\_\_

# 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