



CVC Office Use:

• The Complete Veterinary Care Group •

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Allergy Test Submission Form

Date:

Vet's Name:

Practice Name:

Practice Address:

Practice Tel:

Practice Email:

Postcode:

Owner's Surname:

Animal's Name:

Species:

Breed:

Description:

Sex: M F

Weight: kg

Animal's Age: years months

Please note that for animals under 2 years, results may not be accurate once the animal is exposed to more allergens as they age (allergies cannot be detected if the animal has not been exposed). Test can be run for young animals, but with the understanding that they may need to be re-tested once they are older. Please tick here to confirm that you would like to go ahead with testing if the animal is under 2 years:

Date Blood Taken:

Please send 5ml whole blood (guaranteed next day delivery) or (preferably) **3ml serum** in the Spectrum large blood tubes. If you do not have any Spectrum large blood tubes, please contact CVC.

<p>Skin Problems</p> <p><input type="checkbox"/> Itching <input type="checkbox"/> Dry skin <input type="checkbox"/> Oily skin</p> <p><input type="checkbox"/> Odour <input type="checkbox"/> Redness <input type="checkbox"/> Rash</p> <p><input type="checkbox"/> Loss of hair <input type="checkbox"/> Dandruff</p> <p>Respiratory Problems</p> <p><input type="checkbox"/> Cough <input type="checkbox"/> Sneeze <input type="checkbox"/> Runny nose</p> <p>Has the animal ever been hyposensitised?</p> <p><input type="checkbox"/> Yes; When? _____ <input type="checkbox"/> No</p> <p>When are the symptoms worse?</p> <p><input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Autumn</p> <p><input type="checkbox"/> Winter <input type="checkbox"/> Not seasonal</p> <p>At what age did you first notice symptoms? _____</p> <p>Has the animal been out of their normal area recently (eg. kennels, holiday)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What % of the time is the pet: indoors (____%) outdoors (____%)?</p>	<p>What type and brand of food do you feed your pet?</p> <p>Canned: _____</p> <p>Dry: _____</p> <p>Other: _____</p> <p>Do you give food supplements or vitamins? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>If yes, specify: _____</p> <p>Does anyone smoke in the house? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Is your pet exposed to other animals? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>If yes, specify: _____</p>
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Comments: