

ELISA Comprehensive Allergy Screen

Allergy Consulting Service
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CASE NO. _____

Paid _____ Not Paid _____

Date Rec'd. _____

Veterinarian: _____ Owner: _____
Hospital: _____ Patient: _____ Birth Date _____
Address _____ Species: ☐ canine ☐ feline ☐ Other: _____
_____ Zip Code: _____ Breed: _____ Sex: ☐ male ☐ female
Phone: _____ Spayed / Neutered: ☐ yes ☐ no ☐ unknown
Fax: _____ Date Submitted: _____

Fee: \$130.00

Instructions:

1. Fast 12 hours - food only.
2. Collect 10 cc blood in serum separator tube. (for feline, 5 cc blood.)
3. Allow to clot 30 minutes. Centrifuge for 15 minutes at 1500 rpm.
4. Pipette off 3 cc serum and transfer to serum tube provided.
5. Label tube.

Patient History:

Diet:

Elimination diet trial? _____

Diet used _____

Symptoms:

Major complaint _____

Constant or intermittent? _____

During what months are symptoms most severe? _____

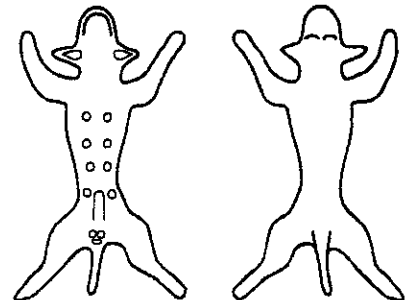
When did condition begin? _____

Which medications relieve symptoms? _____

LOCATION OF SYMPTOMS

Ventral

Dorsal



Steroid Therapy:

Has dog been treated with steroids? _____

Type of steroid use _____

Frequency and duration of steroid therapy? _____

Environment:

Flea control program in effect? _____

Parasite infestation ruled out? _____

Other pets in the home? _____

Indoor or outdoor pet? _____

Other Comments: _____

