HESKA

Heska AG – Veterinary Laboratory – Allergy test request form

Veterinary Clinic	
Animal species	**Canine** ◯ **Feline** ◯ **Equine** ◯
Name of the patient	
Sample collection date	
Name of owner	

Test requested

CANINE - FELINE	**Environmental panel** (24 allergens) (Flea, dust and storage mites, grasses, weeds, trees)	◯
	Food Reaction test (12+12 allergens) (Animal proteins, carbohydrate components)	◯

EQUINE	**Environmental horse allergen panel** (24 allergens) (Dust and storage mites, grasses, weeds, trees, insects, moulds)	◯

Allergic symptoms are	**Non-seasonal** ◯		**Seasonal** ◯	
most severe in	**Spring** ◯	**Summer** ◯	**Autumn** ◯	**Winter** ◯

Recommendation for immunotherapy	**Yes** ◯	**No** ◯

The sample, (1ml) of serum, must be sent in a plastic tube by A-post to:

Heska AG
Vet. Diagnostic Laboratory
Grand-Places 16
1700 Fribourg

For more information: VDLAG@heska.com or visit www.heska-ag.com

Clinic stamp and signature