

ALLERGY ORDER FORM

2801 S. 35th St. | Phoenix, AZ 85034 | 800.553.1391 | www.nextmune.com

EFFECTIVE 01.01.2021

v1

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|---|---|
| <p>Please complete this form as fully as possible, including history form. Return form with sample as per delivery instructions. No Steroid Withdrawal required // 3-5 mls of Serum</p> | <p><u>For Office Use Only</u> Date Rcvd: _____</p> |
| <p>Veterinarian _____ Clinic _____ Address _____ City _____ State _____ Zip _____ Phone (____) _____ Fax (____) _____ Results Emailed to: _____</p> | <p>Animal's First Name _____ Last Name _____ <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Equine Breed _____ Age _____ Date _____ Weight: <input type="checkbox"/> Over 22 lbs <input type="checkbox"/> Under 22 lbs Sex: <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/> Previously tested with Nextmune Spectrum ACTT</p> |

NEED SUPPLIES? Check here or go to www.nextmune.com

ALLERGY TESTING

BEST VALUE **TEST & TREAT PACKAGE** SubQ Injections Sublingual Drops Wait for Results
Includes 1 SPOT Platinum+ Allergy Test & Initial Treatment of your choice

SPOT PLATINUM+ TEST ONLY
Includes weeds, trees, grasses, epidermals, foods, mites, molds, staph, insects, Malassezia, indoor (or barn) allergens

ADD-ON OPTIONS

EXPANDED FOOD PANEL (small animal only) **SPECIAL ORDER ALLERGENS**
24 Additional commercial pet food ingredients 1. _____ 2. _____

INDIVIDUAL PANELS

REGIONAL PANEL (53 ALLERGENS) **COMPREHENSIVE FOOD PANEL (small animal only)**
Includes regional inhalant allergens 24 Most common commercial pet food ingredients

ANTIBODY TITER TESTING

www.VacciCheck.com

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| <p>RAN @ NEXTMUNE'S FACILITIES <input type="checkbox"/> CANINE VACCICHECK (1) please submit serum/whole blood sample</p> | <p>PURCHASE IN-CLINIC TEST KITS <input type="checkbox"/> CANINE VACCICHECK KIT (12) <input type="checkbox"/> CANINE VACCICHECK LAB PACK (120)</p> |
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Validates protection for Parvovirus, Distemper & infectious Hepatitis.

CONTINUE TO HISTORY FORM

NEXTMUNE HISTORY FORM

Please complete and return with order form

Date: _____

Veterinarian: _____

Animal's Name: _____

Owner: _____

Animal's Age: _____ Sex: _____

Dog Cat Horse Breed: _____

CANINE / FELINE PATIENTS



1. Current Allergy Symptoms are:

- Skin Issues Respiratory Issues GI Issues
 Other _____

2. What age did the symptoms begin? _____

3. Has the animal ever been tested for allergies in the past? Yes* No

If yes:

by Nextmune | Spectrum | ACTT
Lab No. _____

by other means. Specify _____

Has patient been on hyposensitization treatment?

Yes No When? _____

4. Has the animal ever been on "relief" meds?

Yes No

What: _____

When: _____

5. What foods do you feed?

Canned Dry Table Scraps

Brand: _____

Other: _____

6. Exposed to other animals?

Dog Cat Bird Other: _____

EQUINE PATIENTS



1. Current Allergy Symptoms are:

- IBH/Hives Respiratory Issues Hair loss
 Other _____

2. What age did the symptoms begin? _____

3. Has the animal ever been tested for allergies in the past? Yes* No

If yes:

by Nextmune | Spectrum | ACTT
Lab No. _____

by other means. Specify _____

Has patient been on hyposensitization treatment?

Yes No When? _____

4. Describe the stable environment (other animals, insects, climate, etc) _____

5. Describe horse's diet: _____

6. How have the horse's symptoms been treated in the past?

ADDITIONAL ALLERGY NOTES