



ALLERGY ORDER FORM

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

EFFECTIVE 01.01.2021 v1

Nextmune Only Date Rcvd: _____

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

Veterinarian _____

Clinic _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Results Emailed to: _____

Purchase Order #: _____

Animal's First Name _____

Last Name _____

Canine Feline Equine

Breed _____

Age _____ Date _____

Weight: Over 22 lbs Under 22 lbs

Sex: Male Neutered

Female Spayed

Previously tested with Nextmune | Spectrum | ACTT

NEED SUPPLIES? Check here or go to [nextmune.com/us/supplies](https://www.nextmune.com/us/supplies)

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)
24 Additional commercial pet food ingredients

SPECIAL ORDER ALLERGENS
1. _____ 2. _____

INDIVIDUAL PANELS

REGIONAL PANEL (53 ALLERGENS)
Includes regional inhalant allergens

COMPREHENSIVE FOOD PANEL (small animal only)
24 Most common commercial pet food ingredients

ANTIBODY TITER TESTING

www.VacciCheck.com

RAN @ NEXTMUNE'S FACILITIES

CANINE VACCICHECK (1)
please submit serum/whole blood sample

PURCHASE IN-CLINIC TEST KITS

CANINE VACCICHECK KIT (12)
 CANINE VACCICHECK LAB PACK (120)

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
