



Please choose the diets you would like to have from the lists below. Fill out this page, print it together with the Allergy Submission Form, to LABOKLIN GmbH & Co. KG.

Veterinary clinic: _____

Owner's name: _____

Animal's name: _____

Cani-DIAL and Feli-DIAL

Food allergy test for commercial diets/treats.

Diets/treats to be tested: (choose 5 or 10 diets/treats from the list)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

Please submit this page along with the LABOKLIN Allergy Submission Form