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1. Do you have any environmental allergies? Yes No  
If yes, please list:

2. Do you take any allergy medications (pills, sprays, or inhalers)? Yes No  
If yes, please list:

3. Have you ever been allergy tested? Yes No  
If yes, list any allergies:

4. Have you ever had allergy desensitization injections? Yes No  
If yes, when:

If yes, a) list the specific animals that you have reacted to:

b) What was the reaction?

6. Do you have asthma? Yes No

If yes, what medications do you use for asthma?

7. Have you ever used or been required to have an EpiPen (epinephrine or adrenaline self-injector)?