

Request for a Pet Behavior History Analysis

Submitted by DVM to Dr. Rolan Tripp

Animal Behavior Network (ABN) 1-800-372-3706 Fax/Phone
(or) Request Dr. Tripp at 1-800-745-4725 Antech Doctor Consult Line

Please print clearly

Attending Veterinarian Name:	
Hospital Name and City:	
Client Name:	
Client Email Address: (if known)	
Client Phone(s):	
Pet Name and Breed:	
Signalment:	Dog/Cat M/F N/S Age: Wt:
Behavioral Concern:	
Any Behavior Rx? Past and Present	
Current Medical Conditions? Arthritis, Allergy, Thyroid, Epilepsy, etc.	
Lab work done in last 6 mo: (Describe any lab concerns here or below)	Organ profile; UA, T4, T4ED, Fecal, Other:
Please give a Dr. email or fax #	
ALSO - fax lab results (within in the last six months) and any other comments pertinent to pet's behavior.	

By submitting this form, I confirm that I retain the Veterinary-Client-Patient-Relationship for this pet and client and that I am requesting ABN to contact my client and offer this service (at no obligation). If my client chooses an Analysis, I understand that all behavior-related reports and recommendations for medical tests, prescriptions, and medical treatments will be sent to me by email or fax to add to my clients medical record, and that I may consult (at no charge) at any time with the ABN Veterinary Behavior Consultant and Veterinary Behavior Technician regarding recommendations for this case.

Additional Comments: