

Animal Behavior Network

Request for Veterinary Behavior History Analysis

Submitted by DVM to Animal Behavior Network™ www.AnimalBehavior.Net

Please print clearly

Attending Veterinarian Name:	
Hospital Name and City:	
Client Name:	
Client Email Address: (if known)	
Client Phone(s):	
Pet Name:	Dog/Cat M/F Age: Wt:
Behavioral Concern:	
Any Behavior Rx? Past and Present – Dose and Duration	
Any Current Medical Rx? Phenobarb, Pred., Levothyroxine, etc.	
Current Medical Conditions? Arthritis, Allergy, Thyroid, Epilepsy, etc.	
Prefer an Email or Fax Report? Please give an email or fax #	
Please fax this form plus lab results and medical notes (within in the last six months) and any other comments pertinent to Pet's behavior to (800) 372-3706 , or provide this information plus a case summary by same phone # voicemail at Ext. 88	

By submitting this form, I confirm the following understandings: As the attending veterinarian, I retain the Veterinary-Client-Patient-Relationship for this pet and client, and agree to have my client contacted about the availability of this service. I will receive behavior-related reports and may edit recommendations for medical tests, prescriptions, and medical treatments as needed, and may consult (at no charge) at any time with the ABN Veterinary Behavior Consultant and Veterinary Behavior Technician assigned to the case.

Additional Comments: