

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

Date:	
Attending Veterinarian Name:	
Hospital Name and City:	
Client Name:	
Client Email Address: (if known)	
Client Phone(s):	
Pet Name, Species and Breed:	
Primary Behavioral Concern:	
Please give a Dr. email or fax # (to receive a report back)	

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: