

Submission to Seizure Database

Submitted by _____

Email _____ Phone _____

Dog's name _____ AKC# _____

Other registry? _____ Unregistered? _____

Dog's owner _____

If possible, please secure owner's permission for this submission.

Sex _____ Date of Birth _____ Date of Death _____

Sire _____ AKC# _____

Affected? Yes No Unknown

Dam _____ AKC# _____

Affected? Yes No Unknown

Full Siblings:

	Affected:		
	Yes	No	Unknown
1.	Yes	No	Unknown
2.	Yes	No	Unknown
3.	Yes	No	Unknown
4.	Yes	No	Unknown
5.	Yes	No	Unknown
6.	Yes	No	Unknown

Please list additional names on back

Half Siblings (Sire)

	Yes	No	Unknown
1.	Yes	No	Unknown
2.	Yes	No	Unknown
3.	Yes	No	Unknown
4.	Yes	No	Unknown
5.	Yes	No	Unknown
6.	Yes	No	Unknown

Please list additional names on back

DNA in Canine Health Foundation: Yes _____ No _____ AHT _____

Seizures:

Grand Mal

Focal

Other:

Please describe _____

Seizures occurred while: asleep____ awake____ both_____

Medication: _____

Age of onset? _____

Was there a triggering incident? If yes:

Please describe _____

Was death seizure related? If yes:

Euthanasia for uncontrollable seizures? _____

Other? Please describe _____

If no, cause of death? Please describe _____

Autopsy? Yes _____ No _____

Thyroid:

OFA Normal

OFA Other *please specify classification*_____

AHT *please specify classification*_____

Normal

Low Normal

Hypothyroid

Hyperthyroid

Autoimmune disease? If yes:

Please describe_____

Cancer? If yes:

Please describe_____

If brain cancer, was it: Suspected? Confirmed?

If confirmed, how?_____

Comments or other observations:

Please return this form to Sarah Stebbins, sstebbin@gmail.com or to Patricia Williams, zoe175@juno.com, or you may mail it to Sarah Stebbins, 78 Old Colebrook Road, Winsted CT 06098.