

Owner's name _____ Dog's name _____

Dog's Pedigree Name: _____

Breed _____

Date of birth: _____ Colour: _____ Sex: _____

Sire's pedigree name _____ Dam's pedigree name _____

Affected relatives? _____

Vet name/practice (practice stamp) _____

Date of Sampling - _____ Veterinary Surgeon's Signature _____

Seizure type (please tick appropriate box)

Generalised (grand mal) – seizure involves whole body, with tonic (stiff extended limbs) and clonic (limbs paddling) muscle contractions with or without urination / defaecation / salivation / vomiting.

Focal (partial) – seizure involving part of body; animal may or may not lose consciousness/awareness
Brief description _____

Myoclonic – seizures associated with relative jerking of head / limbs. Myoclonic/jerking may be seen separate from the seizures e.g. during movement / flashing lights / sudden movement to head.
Brief description _____

Other - Brief description _____

Seizure frequency (clusters counted as one episode) < 7 days 7-14 days 14 -28 days
1-2 months 3 months 3-6 months >6 months other (please specify)

Number of seizures in a cluster 1-2 3-5 5-10 10-20 >20 other (please specify)

Medication _____

Epilepsy bank project coordinator
Tel: 020 8946 4228

Clare Rusbridge, Stone Lion Veterinary Centre, 41 High Street, Wimbledon, SW19 5AU
neuro.vet@btinternet.com Confidential fax 020 87860525

UK DNA Archive for Companion Animals

