

CGAP
 Department of Animal Science
 University of California, One Shields Avenue
 Davis, CA 95616-8521 (530) 752-4997

Please Print Clearly

Owner Name:	Phone:	Email:
Address:		
City:	State:	Country (if not U.S.):

Breed of Dog (circle): **Rhodesian Ridgeback**

Registered Name of Dog	Registration #	Date of Birth	Sex	Altered?		Name of Sire and Dam
			Female	Spayed		Sire:
			Male	Neutered		Dam:

PLEASE ATTACH A PEDIGREE

Epilepsy? Yes / No	Seizure Status: Circle as appropriate	
(details below and on the reverse of this form)	Never seized	Seized once
	Seized more than once (# of times?) _____	Age at First Seizure: _____

- Please describe a typical seizure. If the progression of seizure frequency and intensity has changed over time, please include details.

- Comments regarding animal's health.

- If the dog is spayed or neutered, was Epilepsy diagnosed prior to or after the spay or neuter?

- Include any details of relatives with Epilepsy if known:

Thank you for your contribution. Please make sure you have made three samples for each dog.

COMPLETE THE RESERVE SIDE OF THIS FORM Signature _____ Date: _____

Registered Name of Dog

Registration #

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VETERINARINARY EVALUATION

Please indicate which of the following evaluations were performed and the results.

TEST	NORMAL	ABNORMAL	UNSURE	NOT DONE	COMMENTS
CBC					
Blood chemistries					
Thyroid functions					
Liver Functions					
Spinal Tap: Spinal Fluid Cytology					
Spinal Tap: Spinal Fluid Culture					
CT Scan/MRI scan					
Other evaluations					

Was your dog diagnosed by a veterinarian or veterinary neurologist with epilepsy. Yes / No (circle one)

	Veterinarian Remarks	
Veterinarian Name		
Address		
Phone number		
Veterinary Neurologist Name		
Address		
Phone number		
Circle Yes or No		
Yes / No		I give the researchers on this study permission to contact my veterinarians for more information about this
Yes/ No		I give my veterinarians permission to release information about this dog to the reserachers on this study.

Signature: _____

Date: _____