

VIZSLA EPILEPSY RESEARCH PROJECT
INDIVIDUAL DOG QUESTIONNAIRE
UPDATE

(For seizing and non-seizing dogs)

Litter ID Code: _____

Breed _____

Today's Date _____

Registered Name _____ Call name _____

AKC# _____ Date of Birth _____ Date of Death _____ Sex _____

Circumstances (cause) of death: _____

Owner _____ Alternate contact _____

Address _____

Phone (day) (____) _____ (____) _____

Phone (eve) (____) _____ (____) _____

Fax (____) _____ (____) _____

E-mail _____

Blood or tissue sample submission date (if known): _____

Does this dog exhibit any of the following conditions? (Attach particulars for any Yes answer)

- | | |
|---|---|
| Y – N Aggression | Y – N Heart problems (specify) _____ |
| Y – N Allergies | Y – N Hernia (where?) _____ |
| Y – N Arthritis | Y – N Reproductive disorders |
| Y – N Autoimmune disorders | Y – N Seizures/Epilepsy |
| Y – N Bleeding disorders | Y – N Skin/ Coat problems |
| Y – N Cancer/ Tumors | Y – N Structural abnormalities(hip/elbow dysplasia) |
| Y – N Deafness / Hearing impairment | Y – N Other (specify: _____) |
| Y – N Ear infections | Y – N Other (specify: _____) |
| Y – N Eye diseases / problems (specify) _____ | |

Testing done on this dog:

OFA/PennHIP Y – N age at test: _____ results _____ # _____

ACVO exam Y – N age last tested: _____ results _____ # _____

Thyroid Y – N age last tested: _____ result _____

Allergy Y – N age at last test: _____ result _____

Heart Y – N age at last test _____ type of test _____ result _____

Other (please attach separate sheet)

INDIVIDUAL DOG QUESTIONNAIRE
UPDATE

We would appreciate updates on the status of Vizslas participating in our Epilepsy Research Project. This includes samples sent to both the University of Minnesota, as well as the University of Missouri-Columbia. We are looking for updated contact information, as many owners have moved and/or changed email addresses since submitting samples; rendering them “unreachable”.

We are also interested in the current status of your dogs. For example, if they were seizure-free when submitted, are they still free of seizures or were they free of seizures until their death? Or, have they started to seize since submission? If so, we need to get a seizure survey for them (contact us for this short form asking questions about the seizures).

If a dog was submitted as a seizing dog, we are also interested in an update on how he/she is doing. Are they being maintained on anti-seizure medication? Ideally, we would like these owners to complete another seizure survey (it will be similar to the first they filled out, but will allow us to see how the dog has done over the years).

Finally, we are looking for litter updates. Many litters have been sent in to us (tail clips) and the only information we have about them is the litter code ID and the dog’s “color” (the color string!). Therefore, getting the dogs’ eventual registered name, new owner’s name and contact information, and health information on the dog, now that it’s grown up, is necessary.

Contact Dr. Kari Ekenstedt if you need a seizure survey, or if you have any questions.

Epilepsy Study
C/O Dr. Kari Ekenstedt
University of Minnesota
295 AS/VM
1988 Fitch Avenue
St. Paul MN 55108
612-624-5322
Fax: 612-625-0204
Email: eken0003@umn.edu