



# *The Welsh Springer Spaniel Club of America, Inc.*

## **Epilepsy Registry Form**

As fellow Welsh Springer Spaniel owners, we realize the distress you are feeling and we want to thank you for your help in gathering data that may help us minimize this problem within our breed. Members of the Welsh Springer Spaniel Club of America hold the protection and future well-being of the breed as one of their primary obligations. Please answer as many of the questions as you can, but don't worry if you don't know some answers. If necessary, the club will contact you for further information. If possible, please attach a three generation pedigree and a copy of the AKC Registration Certificate to this form.

Thank you!

**Mail to:** Anne Gilliam  
WSSCA Epilepsy Registry  
5504 Aegis Lane  
Fuquay-Varina, NC 27526

The Epilepsy Registry Form is designed to facilitate analysis of epilepsy and other factors that can lead to seizing dogs. This form contains a statement for you to sign that allows the club to disclose the information that you submit if your dog meets the registry qualifications. Initially, we will publish two lists. One will be for dogs that have had a seizure that seems likely due to hereditary causes. The other is for dogs that have produced these epileptic offspring.

If you own, or co-own a dog who has seized, or who has produced offspring that seized, you may fill out and submit the form. If you co-own the dog, the co-owner(s) should sign the submission as well. You may also submit this form without the co-owner's signature, in which case the club will contact the co-owner. You may attach another page if you need more room for any response.

### **Information about you:**

Your Name: \_\_\_\_\_

Mailing Addresses: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Home Area Code & Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Co-owner's Name, if any: \_\_\_\_\_

Co-owner's Address: \_\_\_\_\_

### **Information about your dog:**

Registered Name of your dog: \_\_\_\_\_

Call name: \_\_\_\_\_

AKC Registration Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Date of First Seizure: \_\_\_\_\_

Date of Death (if applicable): \_\_\_\_\_

Registered Name of Sire: \_\_\_\_\_

Registered Name of Dam: \_\_\_\_\_

**Information about the breeder:**

Name of Breeder: \_\_\_\_\_

Breeder's Address: \_\_\_\_\_

Breeder's Home Area Code & Telephone Number: \_\_\_\_\_

Has your dog been bred? .....  Yes .....  No

If yes, has he or she produced seizing offspring? .....  Yes .....  No

If you answered the above question "Yes" and your dog has not had a seizure, you may skip the Medical History Lab Workup sections and go directly to "Any Additional Comments."

**Your Dogs Medical History:**

Were all the vaccinations current during puppyhood and as an adult, especially distemper? .....  Yes .....  No

Any history of trauma, such as being hit by a car or falling that caused a loss of consciousness? .....  Yes .....  No

Any severe medical illnesses, such as uterine infection, temperature over 104, or liver/heart disease?  Yes .....  No

Briefly describe the seizure(s): \_\_\_\_\_

\_\_\_\_\_

Did the seizures type or interval change? .....  Yes .....  No

Was the seizure associated with any event that could have triggered the episode?

For example, a heat cycle or pregnancy? .....  Yes .....  No

If applicable, how long after the cycle or pregnancy did the seizure occur? \_\_\_\_\_

What, if any, medications were used? What was the response? Were any blood tests done to measure response? \_\_\_\_\_

\_\_\_\_\_

**Your Dog's Laboratory Work-up:**

If possible, the blood work performed should include the following tests. Although this is not mandatory, the information is very helpful. If the dog was put down to end pain or if funds were not available to do the blood tests, the form should still be submitted. Feel free to ask your veterinarian's advice as well as the aid of our Board of Directors or the head of the WSSCA Epilepsy Health Registry.

- CBC (Complete Blood Count)     Total protein     Glucose     Chloride
- BUN     Sodium     T4 (Thyroid)     SGPT
- Calcium     Potassium

If copies of laboratory work related to seizing are available, please attach; otherwise, circle the appropriate response if known.

White blood cell count: .....High    Normal    Low    Attending Vet: \_\_\_\_\_

Blood sugar level: .....High    Normal    Low    Vet Hospital: \_\_\_\_\_

Liver tests: .....High    Normal    Low    Address: \_\_\_\_\_

Kidney tests: .....High    Normal    Low    \_\_\_\_\_

Blood lead: .....High    Normal    Low    \_\_\_\_\_

List any other tests that may have been performed: \_\_\_\_\_

\_\_\_\_\_

Any Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you would like, include a short paragraph to explain the circumstances surrounding the seizure episode, or anything else you would like to put in the record. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification:**

I understand that by signing this form I affirm that the information that I have given is true and accurate to the best of my knowledge, and I agree that any or all of the information may be disclosed.

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Co-owner: \_\_\_\_\_ Date: \_\_\_\_\_