

FSSA 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:

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)

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 or Patricia Williams, 115 Clearbrook Drive, Rochester, NY 14609