

English Springer Paroxysmal Dyskinesia Research

Individual Dog Information

Breed: _____

DCL # (we will complete): _____

Blood – Tissue – other _____

Registered Name _____ Call name _____

Registration # _____ Birth Date _____ Sex? M – F Neutered/Spayed? Y – N

Sample Submission Date: _____ Color _____

Sample submitted for which research project? English Springer Spaniel Paroxysmal Dyskinesia (PD)

Owner: name _____

breeder's name _____

address _____

address _____

phone (day) _____

phone _____

phone (eve) _____

e-mail _____

fax _____

e-mail _____

Does this dog exhibit any of the following conditions? (*Please attach history for any Yes answer*)

Y - N Allergies

Y - N Digestive difficulties

Y - N Arthritis

Y - N Heart Problems

Y - N Autoimmune Disorders

Y - N Hernia (where? _____)

Y - N Bite or Tooth Abnormalities

Y - N Reproductive Problems

Y - N Cancer / Tumors

Y - N Seizures

Y - N Vision Problems

Y - N Skin / Coat Problems

Y - N Deafness / Hearing Impaired

Y - N Skeletal Abnormalities (Hip Dysplasia, etc.)

other (please list):

Y - N Temperament Problems (shy, aggressive, etc.)

Testing done on this dog:

OFA/PennHip Y - N

age at test: _____

result: _____

CERF Y - N

age last tested: _____

result: _____

Thyroid Y - N

age last tested: _____

result: _____

other (please list):

See following pages for questions on symptoms – please complete for ALL sampled dogs.

ATTACH PEDIGREE COPY TO THIS FORM

Please circle your response to the following;

- I am / am not willing to provide additional blood samples if needed for research.

- I will / will not consider donation of a tissue sample upon the death of this dog, and will discuss this decision with my veterinarian so that a notation is placed in my file.

I submit this sample and pedigree for the purpose of DNA research; I understand that the identity of dogs and owners participating in the research will not be revealed; and I have supplied complete and accurate information, to the best of my knowledge.

Signed: _____ date _____

Canine PD-specific Questionnaire

Has this dog been diagnosed as likely to be affected with PD? Yes No

Have any relatives of this dog been diagnosed with PD? Yes No Don't Know

If yes, which relatives? Sire Dam Sibling Offspring Other _____

Paternal Grandsire Paternal Grand-dam Maternal Grandsire Maternal Grand-dam

Veterinary Contact Information

Primary Care

Vet Name _____

Clinic Name _____

Address _____

City,St,Zip _____

Phone # _____

Email: _____

Ophthalmologist

Name _____

Clinic Name _____

Address _____

City,St,Zip _____

Phone # _____

Email: _____

Neurologist

Vet Name _____

Clinic Name _____

Address _____

City,St,Zip _____

Phone # _____

Email: _____

Other Specialist

Name _____

Clinic Name _____

Address _____

City,St,Zip _____

Phone # _____

Email: _____

May we have your permission to contact your veterinarians to request records and discuss your dog's health history, diagnostic testing, and possible treatment options? Yes No

Signed: _____ date: _____

Behavior and Activity survey follows – please complete for all sampled dogs

Prior to answering the following questions, please watch the video at **????** showing a dog exhibiting the type of episode for which we are trying to find the cause.

PD Signs

Please circle the correct answer.

If you need additional space to describe changes, please use back of form or attach additional pages.

Symptom	Frequency or Severity	Describe Sign/Frequency and Indicate Age of Onset
1. Frequency of cramping episodes	never more than once per week several times per month less than once per month	<hr/>

If your dog has never exhibited a cramping episode, you are done with the survey. Otherwise please continue.

2. Age at which first cramping episode was observed

3. What is the average duration of your dog's cramping episodes?

- | | | |
|---|-------------------------------|-------|
| 4. Cramping involves legs | never rarely frequently | <hr/> |
| 5. Cramping involves trunk | never rarely frequently | <hr/> |
| 6. Tremors accompany episodes | never rarely frequently | <hr/> |
| 7. Behavior changes prior to cramping episode | never rarely frequently | <hr/> |
| 8. Behavior changes after cramping episode | never rarely frequently | <hr/> |
| 9. Falling during cramping episode | never rarely frequently | <hr/> |
| 10. Episode begins when dog is at rest | never rarely frequently | <hr/> |
| 11. Episode begins when dog is in an activity | never rarely frequently | <hr/> |
| 12. Do episodes occur more frequently when the weather is hot? | Yes No Do not know | |
| 13. Do episodes occur more frequently when the weather is cold? | Yes No Do not know | |

14. Circle any of the following that occur shortly before a cramping episode: drooling urination defecation vomiting do not know
15. Circle any of the following that occur during a cramping episode: drooling urination defecation vomiting do not know
16. Circle any of the following that occur shortly after a cramping episode: drooling urination defecation vomiting do not know
17. After a cramping episode, does your dog resume normal behavior: immediately after several minutes not for more than 10 minutes
do not know
18. Does your dog appear dazed (circle all that apply): prior to cramping onset during cramping after cramping do not know
19. Can you dog make eye contact during an episode if you call its name? Yes No Do not know
20. Can you stop a cramping by holding your dog still? Yes No Do not know
21. Have you given your dog any medications that have seemed to ameliorate the cramping episodes? Yes No

If Yes, please list medications: _____

Please describe any other health problems or behavioral abnormalities:
