

**AUSTRALIAN SHEPHERD EPILEPSY RESEARCH  
INDIVIDUAL DOG QUESTIONNAIRE**

**(For seizing and non-seizing dogs)**

Litter ID Code: \_\_\_\_\_

Registered Name \_\_\_\_\_ Call name \_\_\_\_\_

AKC# \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_

Owner \_\_\_\_\_ Alternate contact \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone (day) (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Phone (eve) (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Blood or tissue sample submission date: \_\_\_\_\_

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

Y – N Aggression

Y – N Allergies

Y – N Arthritis

Y – N Autoimmune disorders

Y – N Bleeding disorders

Y – N Cancer/ Tumors

Y – N Deafness / Hearing impairment

Y – N Ear infections

Y – N Eye diseases / problems

(specify) \_\_\_\_\_

Y – N Heart problems (specify) \_\_\_\_\_

Y – N Hernia (where?) \_\_\_\_\_

Y – N Reproductive disorders

Y – N Seizures/Epilepsy

Y – N Skin/ Coat problems

Y – N Structural abnormalities(hip/elbow dysplasia)

Y – N Other (specify: \_\_\_\_\_)

Y – N Other (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)**