



Registered Name of Dog

Registration #

--	--

**VETERINARINARY EVALUATION**

Please indicate which of the following evaluations were performed and the results.

TEST	NORMAL	ABNORMAL	UNSURE	NOT DONE	COMMENTS
CBC					
Blood chemistries					
Thyroid functions					
Liver Functions					
Spinal Tap: Spinal Fluid Cytology					
Spinal Tap: Spinal Fluid Culture					
CT Scan/MRI scan					
Other evaluations					

Was your dog diagnosed by a veterinarian or veterinary neurologist with epilepsy. Yes / No (circle one)

		<b>Veterinarian Remarks</b>
Veterinarian Name		
Address		
Phone number		
Veterinary Neurologist Name		
Address		
Phone number		
<b>Circle Yes or No</b>		

**Yes / No** I give the researchers on this study permission to contact my veterinarians for more information about this

**Yes/ No** I give my veterinarians permission to release information about this dog to the reserachers on this study.

Signature: \_\_\_\_\_

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