

The Kennel Club Genetics Centre at the Animal Health Trust is investigating Idiopathic Epilepsy in many breeds, including the "late-onset" epilepsy in Field Spaniels. An important step in potentially identifying genetic risk factors is to thoroughly understand the history and inheritance of the disease in Field Spaniels. We are therefore requesting owners of all Field Spaniels (whether currently alive or not), especially dogs that are clinically affected or related to affected dogs, to provide us with information about their dogs.

Please tell us as much as you can about your dog's health and breeding (on page 2), and enclose a 5-generation pedigree. **Any information provided here will ONLY be used for research that benefits dogs. It will be held in strictest confidence and relevant (non-personal) information will only be shared with research collaborators as required to progress the research. It WILL NOT be shared with breeders or other breed stakeholders.**

Thank you for providing this information and contributing to the research of Field Spaniel late-onset epilepsy. If you have any queries or problems, and to return your completed form please contact Chris Jenkins.

Address: Kennel Club Genetics Centre, Animal Health Trust, Kentford, Newmarket, CB8 7UU, United Kingdom.

Email: chris.jenkins@aht.org.uk

Telephone: 01638 751 000 (extension number 1251).

Owner Information*

Owner's Name:	<input type="text"/>
Telephone number:	<input type="text"/>
E-mail:	<input type="text"/>
Postal address:	<input type="text"/>

* Personal information WILL NOT be shared with external collaborators and WILL NOT be used for marketing or fundraising purposes. Do you consent to us contacting you should we require additional information or clarification on information provided here?

Yes, contact me by email

Yes, contact me by telephone

No, do not contact me at all

Owner's Signature

Date

Dog Information

Pet Name: Date of birth (dd/mm/yyyy):

Kennel Club Name:

Kennel Club No.: Coat colour:

Dog's Breed:

Sex: Male Female Neutered: Yes No

Have you previously provided a DNA sample from this dog to the KCGC at the AHT? Yes No I don't know

AHT No.

For office use only

Would you be willing to provide a (new) DNA sample, using cheek swabs, from this dog to contribute to our research? If yes, please be sure to provide your postal address above, so that we can send a swab kit to you.

Yes No

Sire's name:

Dam's name:

I have enclosed/attached a 5-generation pedigree for this dog.

CLINICAL STATUS: Please tick appropriate box or boxes, indicating diagnoses where relevant and providing copies of clinical information where possible.

Affected with ANY hereditary disease (Idiopathic epilepsy, PRA)

Suspected (undetermined heritability/equivocal diagnosis)

If your dog has confirmed or suspected epilepsy, would you be willing to complete our epilepsy questionnaire? Yes, send one by email Yes, send one by post No

Related to an affected dog (e.g. sibling affected with Epilepsy)

Free of known inherited disease

Any other health problems we should be aware of:

Date of death, if applicable (dd/mm/yyyy):