



Genetic Investigation of Idiopathic Epilepsy in Collies and Shetland Sheepdogs

Dr. Leigh Anne Clark
Elizabeth Greif

Informed Owner Consent Form: READ CAREFULLY BEFORE SIGNING

I, the undersigned, acknowledge that I am the owner of _____. I consent to the inclusion of _____ in this study, which is conducted by the investigators listed above. Questions regarding the study were answered to my satisfaction. The benefits and risks of participation in this study were explained to me.

1. Purpose of the project

The purpose of the study is to identify the gene(s) responsible for idiopathic epilepsy in collies and Shetland sheepdogs. Epilepsy is a chronic neurological disorder that affects both collies and Shetland sheepdogs.

2. Eligibility for participation

All collies or Shetland sheepdogs that have been diagnosed with epilepsy are eligible for participation. Additionally, Shetland sheepdogs or collies that are at least 8 years or age and have not experienced any seizures and do not have any relatives known to have epilepsy are eligible to participate as controls.

3. Duration of participation

Participation will involve a one-time blood draw at UGA or by my pet's veterinarian or licensed veterinary technician.

4. Description of procedure

A small volume of blood (approximately 1-2 teaspoons) will be collected from a superficial vein from each dog.

5. Investigator participation

During this study, all procedures will be performed by individuals who are specifically trained and qualified to perform the aforementioned procedures necessary to obtain the clinical data. At no time will these procedures be used in the teaching or training of other individuals.

6. Possible benefits

There will be no direct benefit provided for dogs who are enrolled in this study. The outcome of this study may improve the understanding of idiopathic epilepsy in collies and Shetland sheepdogs.

7. Possible discomforts and risks

Withdrawal of blood from a vein can lead to transient pain, swelling, bruising, or in rare cases, infection. I understand, however, that there may be unforeseeable risks of participation in this study. In the event of unforeseen risks, the attending veterinarians will use their judgement to guide patient management.

8. Alternative treatments

There are no alternative treatments.

9. Confidentiality of records

I understand in the event that the information gained from this investigation is published or used for educational purposes, my identity and my animal's identity will remain confidential to the extent provided by law.

10. Financial obligations

I understand that the sample shipping costs may be paid by me if there is no funding available to cover the cost of shipment. I understand that study funds will cover the costs of the sample analysis; however, I understand it is my financial responsibility to cover the costs of the blood draw during my pet’s appointment. I will have no additional financial obligation during participation in the study over what I would normally pay for my pet’s treatment.

11. Withdrawal from study

Participation in this study is voluntary, and refusal to participate involves no penalty or loss of care to which the patient is otherwise entitled. I understand that I may withdrawal my animal from this study at any time. I understand that the investigators may terminate my animal’s participation in the study if continuation is not in the best interest of my animal.

12. Waiver of Liability

For the sole consideration of the agreement of the University of Georgia College of Veterinary Medicine, I hereby release, covenant not to sue, and forever discharge the University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents, and employees from any and all claims, demands, rights, and causes of action of whatever kind that I may have arising from or in any way connected with my animal’s participation in this study.

13. Further questions, Findings

The investigators will answer any further questions about the research during the course of the study. To obtain further information regarding this study, contact:

Dr. Leigh Anne Clark (Principal Investigator)
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14. Informed owner consent

I am - am not (please circle one) an employee, spouse of an employee, or dependent of an employee of the University System of Georgia.

I am at least 18 years of age and have read and understand the above.

Signature of Owner or Agent

Date



Signature of Investigator

Date

Witness

Date

Genetic Investigation of Idiopathic Epilepsy in Collies and Shetland Sheepdogs

Owner Information

Owner First Name: _____

Owner Last Name: _____

Phone Number: _____

Country/State of Residence: _____

Owner Email: _____

Individual Dog Information Form & Survey

Breed: _____

Call name _____

Registered Name _____

Male / Female - Intact / Neutered Age at spay/neuter _____

Reg# _____ Birth Date _____

Color/pattern _____

Microchip or Tattoo: _____

Height (at shoulders) _____ in/cm Weight _____ lb/kg

The above dog is affected – unaffected (please circle one) and check the appropriate boxes below.

If **affected**, please complete the section below:

Age of onset: _____

Diagnosed with epilepsy by a veterinarian? Yes No Veterinarian who made the diagnosis : _____

List any known test results relating to the diagnosis: _____

Has the number of seizures per year changed significantly since the onset? Yes No

If yes, please explain: _____

Total number of seizures since onset: 2 3-5 6-10 11-20 20-40 greater than 40

How many times has this dog had more than one seizure within 24 hours? Never Once 2-4 times 5 or more times

Has this dog ever been hospitalized for seizures? Yes No

If yes, please explain: _____

What time of day are a majority of the dog's seizures? 10 PM – 6 AM 6 AM – 2 PM 2 PM – 10 PM variable

Please describe a typical seizure for this dog, including duration: _____

Please continue on the next page.

Any unusual behavior prior to/following a seizure? Yes No

If yes, please explain: _____

Between seizures does the dog appear normal? Yes No

If no, please explain: _____

Current medication(s) or other treatments (include dosage and frequency): _____

How has seizure management improved with treatment? No improvement Slight improvement Significant improvement

Please explain: _____

Any factors that seem related to the ease/difficulty of seizure management or that appear to "trigger" seizures? Yes No

Please explain: _____

Any major traumatic injuries, such as being hit by a car or getting in a fight? Yes No

If yes, please explain and include date of injury: _____

Any medical problems other than seizures? Yes No

If yes, please list conditions and include any treatments and date of diagnosis: _____

Any problems related to the dog's birth? (prolonged delivery, maternal illness, high sibling death number, etc.) Yes No Unknown

If yes, please explain: _____

Indicate the relationship of this dog to an affected one if known, ex. full sibling, sire, or dam: _____

Other Comments / Questions / Concerns? _____

Pedigree (family tree) information is very helpful for this research, and is held in complete confidence by the researchers. Please enclose a pedigree copy with this survey or email a copy to Tori Rudolph at tori.rudolph@uga.edu

Pedigree enclosed

Pedigree will be emailed separately

Pedigree unknown/not available

Any other information you feel would be useful for the researchers, please list below. Thank you for enrolling your dog!