

MEMBERSHIP REGISTRATION

Margaret James, Secretary
The Phyllis Croft Foundation For Canine Epilepsy
77 Upland Road
Billericay
Essex
CM12 0LD

Date:

Dear

WELCOME TO THE PHYLLIS CROFT FOUNDATION FOR CANINE EPILEPSY (Registered Charity No 1075076)

Our aim is to provide you with the support, reassurance and understanding that comes from having first hand knowledge of what it is like to own a dog with canine epilepsy. It is so important to know you are not alone. Your vet treats your dog (and we actively seek the support of the veterinary profession for the work of the Foundation) but he/she can't give you the help you need to cope with the problem from day to day. That is where we come in. Please see the enclosed leaflets for further information.

Our Annual Membership fee, (details of which you will find below), covers the cost of a quarterly newsletter, gives you access to a telephone help line and we will do our best to answer any questions you might have. (You also have the opportunity to purchase Dr Croft's book "The Management of Epilepsy In Dogs" which costs £7.00 including postage and packing).

If you would like to join us, please fill in the details below and over leaf and return to Margaret James at the address above. We very much look forward to hearing from you.

Name:

How would you like to be addressed? (e.g. first name, formally etc.):

Address:

..... Post Code:

Telephone No: Date:

How did you get to hear about the Foundation? Email:

.....
(If it was through a magazine / newspaper please state which one)

Annual Membership Fee (£8.00 single, £10.00 for a couple, £6.00 OAP see note 1) £

Would you like to purchase
"The Management of Epilepsy In Dogs" - (£7.00 incl p&p) YES / NO? £
(Non members - £8.00p)

Total amount enclosed £.....

Please make cheques payable to The Phyllis Croft Foundation

1 Please note that the registration year runs from January 1st for all members.
Revised 2012

To help us find out as much as we can about epilepsy and its treatment in our dogs. You can help us by answering as many of the questions below as possible. Many thanks.

Dog's pet name: Breed/Type:

Dog / Bitch: Neutered: YES / NO?

Date of Birth: Age at which seizures first started:

Medication (if any):

Total daily dose in mg: Weight of your dog:lbs/kg

Are the seizures controlled? YES / NO? Is your vet supportive? YES / NO?

Does your vet know about the Foundation? YES / NO?

Have you tried alternative therapy (acupuncture, homeopathy etc.) YES / NO?

If yes please give brief details:

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Please give brief details of your dog's medical history e.g. head injury, heart problems etc.

.....

.....

Please give brief details of your dog's normal diet (including supplements):

.....

If you bought your dog from a breeder have you informed them of the problem? YES / NO?

What was their reaction? (e.g. were they supportive, concerned, unhelpful etc.):

.....

Was your dog rescued? YES / NO?

THE DATA PROTECTION ACT REQUIRES THAT WE ASK MEMBERS' PERMISSION TO HOLD THEIR NAMES AND ADDRESSES ON COMPUTER: - PLEASE DO NOT FORGET TO COMPLETE THE FOLLOWING

I give permission for my name and address to be kept on computer for purposes of Newsletter and Foundation correspondence distribution.

YES / NO (Please delete as appropriate)

I would like my name and address to appear on the published Foundation membership list.

YES / NO (Please delete as appropriate) **SIGNATURE:**

(Please note - only those answering YES to this question will receive a copy of the Membership List).