Client Consent Form – Probiotic Study

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Your dog is invited to participate in a research study evaluating the use of a probiotic in epileptic dogs over a 9-month time period. The purpose of this study is to evaluate if administering a probiotic will help reduce seizure frequency in dogs that have epilepsy and are currently receiving anti-epileptic medications. Additionally, this study aims to study and understand the gastrointestinal (gut) microbiome in dogs with epilepsy – and the effect that a probiotic has on that microbiome. Here is an outline of the study:

- Months 1 – 3: baseline information
- Months 4 – 6: your dog will either receive a placebo or a probiotic
- Months 7 – 9: your dog will either receive a placebo or probiotic (whichever he/she did not receive prior)

If you elect to participate, your dog will still receive any and all medical care as recommended by your doctor.

If you agree to have your dog participate, we require the following:

- Monthly seizure logs or journals. Seizure date, time, and approximate length of the seizure should be recorded. We will provide you with an example, which can be used as a hard copy or online. You can drop-off or mail (snail mail or email) your dog’s seizure logs to us.
- Monthly activity logs documenting any social activities your dog participates in such as visits to dog parks, doggie daycare, boarding, etc.
- A consistent diet for your dog – including treats. If you would like to start any new food or treats, please let us know in advance, if possible.
- Every 12 weeks, fecal samples must be collected and mailed in. We will send a reminder email for the fecal samples.
- For the entire study period please record your dog’s medication or health changes – including the addition or subtraction of medications unrelated to your dog’s seizures.
- You will be contacted periodically throughout the study to ensure adherence to the requests and to troubleshoot any problems. You may contact study personnel at any time with questions.

There are no known risks to your dog for participation in the study. Findings from this study are confidential and will not be used to make specific medical recommendations for your pet.

Participation in this study is voluntary and you may withdraw your dog at any time through verbal or written communication with the study personnel.

Authorization:

I, ________________________________, have read the above consent form and wish to allow my dog __________________ to participate in this study. I understand this study is voluntary and I may withdraw at any time.

Telephone number: (         ) ___________________ Email: ______________________________________

My preferred method of contact is: _____email _____ telephone

Client signature: ______________________________________  Date: ___________________

Hospital use:
Enrolling person: ___________  MR number: ________________