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| **Neurological issues Study - Please complete all blanks in full** | |
| **Your name** |  |
| **Your screen name** |  |
| **Your email address** |  |
| **Your phone number** |  |
| **How many gliders do you currently have who are ill?** |  |
| **Describe the symptoms your glider(s) is/are experiencing** |  |
| **Have your gliders seen a vet for these symptoms?**YesNo |  |
| **If yes, what was the vet's diagnosis?** |  |
| **Are you willing to provide the SUGAR Group with all necessary documentation to complete this study?**YesNoUnsure |  |
| **Are you willing and able to keep the content of any discussions with those involved in this study confidential?**YesNo |  |
| **Please be sure to hit "send." Thank you!** | |