

# Seizure History

Your name \_\_\_\_\_

Your pet's name \_\_\_\_\_ Your pet's age \_\_\_\_\_ years  
months

Your pet's breed \_\_\_\_\_ Your pet's sex:  male  
 female

## About Your Pet

Has your pet ever had an accident or suffered any trauma?  yes  no

If "yes," please describe the incident, when it occurred, any treatment given, long-term effects that appear to be present since then, etc.: \_\_\_\_\_

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Are you aware of any problems that occurred when your pet was born?  yes  no

If yes, please describe: \_\_\_\_\_

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Has your pet ever traveled outside of Florida or abroad?  yes  no

If yes, where and when: \_\_\_\_\_

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Is there any chance your pet has been exposed to any cleaning solutions, automotive chemicals (antifreeze, oil, etc.) or car batteries, your prescription or over-the-counter medication, old paint, pesticides, herbicides, garbage, unclean water, toads/lizards or any other substances?  yes  no

If yes, what material, when, and about how much exposure is estimated: \_\_\_\_\_

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Does your pet have any other health problems, including changes in behavior and personality?

yes  no

If "yes," please describe: \_\_\_\_\_

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Please list the name, dosage amount and frequency of all medicines and supplements your pet is currently taking:

Name	Dosage amount	Frequency
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_____		
_____		
_____		
_____		
_____		

## About the Seizures

How old was your pet when their first seizure happened? \_\_\_\_\_

When does your pet usually have seizures (such as, when excited, sleeping, after exercise, after eating)?

\_\_\_\_\_  
\_\_\_\_\_

How many seizures has your pet had? \_\_\_\_\_

How often does your pet have seizures? \_\_\_\_\_

How long do your pet's seizures usually last? \_\_\_\_\_

Is your pet unconscious (unaware of and unable to respond to you) during an event?  yes  no

Other than the seizures, does your pet appear to be fit and well?  yes  no

If "no," please explain: \_\_\_\_\_

\_\_\_\_\_

Have you noticed any changes in your pet's behavior just before a seizure starts?  yes  no

If "yes," please describe what you see: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe in detail what your pet does during the seizure: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

What does your pet do immediately after the seizure has finished? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How long does it take your pet to recover completely after the seizure has finished? \_\_\_\_\_

**If your pet is already taking medication to control seizures, please answer these questions:**

What drug is being given used (such as anti-epileptic drug) and when was it started? \_\_\_\_\_  
\_\_\_\_\_

How often were seizures occurring before drugs started? \_\_\_\_\_

How often are seizures occurring now? \_\_\_\_\_

Have you noticed any side-effects caused by the treatment?       yes     no  
If "yes," please describe: \_\_\_\_\_  
\_\_\_\_\_

Is your pet's appetite the same as it was prior to starting this medication?       yes     no  
If "no," please describe the change: \_\_\_\_\_  
\_\_\_\_\_

Is your pet drinking the same amount as he/she was prior to starting this medication?       yes     no  
If "no," please describe the change: \_\_\_\_\_  
\_\_\_\_\_

Has your pet lost or gained any weight since on treatment?       yes     no  
If "yes," about how much weight has been gained or lost? \_\_\_\_\_