

WESTARBOR ANIMAL HOSPITAL

Seizure History Form

Owners Name:

Pet's Name:

Species:

Breed:

Age:

Color:

Sex (circle one): **Male** **Female** **Spayed** **Neutered**

About your dog:

Has your dog ever had an accident or suffered any traumas? Yes No Unknown

Where there any problems when your dog was born? Yes No Unknown

Has your dog ever traveled out of state or abroad? Yes No Unknown

Please describe any YES answers: _____

About the seizures:

How old was your dog when their first seizure happened? _____

When does your dog usually have a seizure? _____

How many seizures has your dog had? _____

How often does your dog have seizures? _____

How long do your dog's seizures usually last? _____

Have you noticed any changes in your dog's behavior just before a seizure starts? _____

Describe, in detail, what your dog does during the seizure: _____

What does your dog do immediately after the seizure has finished? _____

How long does it take your dog to recover completely after the seizure has finished? _____

Is your dog currently receiving any medications? If so, please list drug names, doses, and frequency given:

Is your dog currently on a monthly heartworm/intestinal parasite preventative? Yes No

If so, what is the brand? _____

Is your dog currently on a flea and tick preventative?

Yes No

If so, what is the brand? _____

If your dog is already receiving medication to control seizures, please answer the following additional questions:

When was this treatment started? _____

How often were seizures occurring before starting medication? _____

How often are seizures occurring now? _____

Have you noticed any side effects caused by the treatment? _____

Is your dog's appetite normal? Yes No _____

Is your dog drinking normally? Yes No _____

Has your dog lost or gained any weight since on treatment: Yes No

Does your dog suffer from any other health problems? If so, please describe in detail here: _____
