

Pitts Veterinary Hospital, P.C.

2225 Hwy 2 Lincoln, NE 68502 Phone 402-423-4120 Fax 402-423-5950 *pittsveterinaryhospital.com*

Seizure History Form

Date _____ Pet Name _____ Owner Name _____

Breed _____ Age _____ Sex: () Male () Female () Neutered/Spayed

About your dog:

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

Were 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:

Jen Hiebner, DVM, CVA, CVH

Mark Falloon, DVM

Erica Thiel, DVM

Amanda McNamee, DVM

Amanda Forgey, DVM

Matt Merkwan, DVM

rev 8/19

Pitts Veterinary Hospital, P.C.

2225 Hwy 2 Lincoln, NE 68502 Phone 402-423-4120 Fax 402-423-5950 *pittsveterinaryhospital.com*

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: _____

Jen Hiebner, DVM, CVA, CVH

Mark Falloon, DVM

Erica Thiel, DVM

Amanda McNamee, DVM

Amanda Forgey, DVM

Matt Merkwan, DVM

rev 8/19