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
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:

_____

_____

Terry Pitts, DVM Jen Hiebner, DVM Mark Falloon, DVM

Erica Thiel, DVM Amanda McNamee, DVM Amanda Forgey, DVM

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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: _____

_____

_____

_____

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