



Seizure Questionnaire

How long did the episode last? _____

Was there any foaming at the mouth during the episode? _____

Did your pet urinate/defecate during/after episode? _____

Has your pet ingested anything unusual recently? _____

Have you introduced any new food/treats lately? _____

Has your pet ever shown any paddling or any other unusual neurologic behavior such as losing balance easily, uncoordinated walking, rapid facial twitching, thrashing head from side to side, head tilt, etc.? _____

Have you ever seen your pet press their head against the wall? _____

Have you applied/used any over the counter flea/heartworm medications? _____

Has your pet been put on any new medications? _____
