

Questionnaire for Project „Epilepsy in Dogs“

General Information

Name:

Address:

Phone*:

Mail*:

(Phone and mail address are optional. Knowing these information makes it easier for us to research epilepsy, since questions regarding your dog and its course of disease may occur due to the complexity of a disease like Epilepsy. We would be very thankful for those information as it allows us to contact you in case of necessary inquiries.)

Information about the dog

Breed:

Name & kennel name:

Kennel club & registered no.:

Day of birth:

Sex: Male Female

Registered No. of Sire:

Registered No. of Dam:

Disease information

When did the epileptic seizures start to occur?

How often does your dog have epileptic seizures?

What do the epileptic seizures look like in your dog?

Are the seizures focal or generalized? focal generalized

Is it a primary/idiopathic or a secondary/symptomatic epilepsy?

 primary secondary unknown

Did your dog already have a Status epilepticus? yes no unknown

Is your dog taking medication for epilepsy

yes

no

Which drugs medication is given?

What is the dosage?

How was the Epilepsy diagnosed?

What causes of the epileptic seizures did the veterinarian rule out?

What causes of the epileptic seizures has your dog been examined by the veterinarian?

Does or did your dog have one or more of the following diseases ?

	Disease	If yes, what exactly?
	Heart disease	
	Metabolic disorder (diabetes, hypocalcemia, tumor)	
	Liver shunt (portosystemic shunt)	
	Poisoning	
	Head trauma	
	Inflammation in the brain	
	Exercise Induced Collapse	
	MDR1	
	Others	

Has your dog been diagnosed with any other medical condition?