

# Seizure Report

Please complete this form at initial presentation or for more detailed information on seizures as and when they occur

Pet's name

Owner surname

Has your pet ever sustained head trauma?  
(If yes please give details)

Yes / No

## Before Seizing

What was your pet doing prior to the seizure?  
E.g. resting, sleeping, walking, running, exercising

Were there signs of anything unusual?  
Please explain

Yes / No

When was your pet's last meal prior to the seizure?

How long did these signs last?

## During the Seizure

What time of day did the seizure occur?

How long did it/they last?

Did you time it by the clock? Yes / No

Did the seizure start in one part of the body (e.g. with a twitching leg) or were both sides of the body affected immediately?

During the seizure was your pet conscious? Yes / No

Did you think your pet could hear you during the seizure? Yes / No

Was your pet able to make eye contact during the seizure? Yes / No

During the seizure did your pet's legs paddle? Yes / No

During the seizure did your pet make chewing movements? Yes / No

Was there a stimulus associated with the seizure? Yes / No

If yes please state: sound, smell, taste, visual

During the seizure did your pet  
Urinate   
Salivate   
Defaecate

If your pet has had more than one seizure:

How old was your pet when he/she had their first seizure?

Do seizures normally occur in the morning, afternoon, evening, night or at any time?

Do all seizures look alike/identical? Yes / No

If no please explain:

## Following the seizure(s)

How did your pet behave following the seizure?  
(select as many as necessary)

- Fearful
- Aggressive
- Sleepy
- Wobbly
- Blind
- Disorientated
- Staring
- Fly catching
- Sniffing
- Agitated
- Normal

Further comments

**Further information is available from your veterinary surgeon.**