



NORTHSTAR VETS®

Veterinary Emergency Trauma & Specialty Center

Leading the Way.

SEIZURE APPOINTMENT QUESTIONNAIRE

The following information is important in evaluating your pet. Please bring this completed form with you to your pet's appointment, or e-mail prior to: info@northstarvets.com. Completed forms may also be faxed to: (609) 259-8484. Please contact us at (609) 259-8300 with any questions.

Pet's Name: _____ Your Name: _____ Appointment Date: _____

When did seizures first start? _____

When was the most recent episode? _____

Do you have videos of seizures? YES NO

Description of Seizures (check all applicable or explain)

Duration / length: _____

Facial twitching (focal): _____

Full body twitching (grand mal): _____

Awake: _____ Non-responsive: _____

Collapse: _____

Paddling legs: _____ Still legs: _____

Vomiting/drooling/foaming at the mouth: _____

Vocalizing: _____

Urination or defecation: _____

Stimulating/trigger events: _____

Abnormal behavior before or after, (duration): _____

Other: _____

Frequency of Pet's Seizures

Typical frequency: _____

Any recent changes? _____

Patterns/time of day: _____



Is your pet having other neurological symptoms? (pain, weakness, balance, lethargy, behavior change, disorientation, vision loss, etc?) _____

Have you seen a veterinarian for this current issue? _____

Have recent drug levels or other lab work been performed and if so, when? _____

Have other diagnostics been performed for this issue and when? (X-rays, CT or MRI Scan, Other) _____

Medications

Recent dose changes: _____ Any witnessed side effects? _____

Can you give medications every 8 hours (3 times per day)? Yes No • Every 12 hours (2 times/day)? Yes No

Have you administered pet medications before? Yes No / If so, do you prefer Tablets Liquids

Are you satisfied with medication pricing? Yes No / Do you use coupons? Yes No

DRUG NAME	SIZE OR CONCENTRATION	DOSE	TIMES	SOURCE	DATE STARTED

Other current/past health conditions, concerns, surgeries? _____

Any other recent changes/updates since last appointment? _____

Current diet: _____

Any known allergies: _____

For Cats: Indoor Only Outdoor Only Indoor/Outdoor

Is your pet up to date on vaccines? Yes No

Has your pet spent time in other regions out of New Jersey? Yes No If so, where? _____