



NORTHSTAR VETS®
 Veterinary Emergency Trauma & Specialty Center
Leading the Way.

SEIZURE RECHECK 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? _____

Change in description of seizures? _____

Typical frequency of seizures? _____

Any recent changes? _____

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

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

Medications

Dose changes since last visit: _____

Any on-going 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? _____