



VCA Animal Care Center *of* Sonoma County
6470 Redwood Drive, Rohnert Park, CA 94928
707.584.4343-phone 707.586.9042-fax

Seizure History Outline

Client Name	Pet Name	Date
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The history of a recurrent seizure disorder can be very helpful for establishing the diagnosis and making treatment decisions. Please answer the questions as best as you can. Do not be concerned if you are not certain about some items. When asked for date, intervals or approximations will do.

1. Please state your reasons for this visit _____

2. Are there any other medical problems that are active now? _____

3. When was the first and the last seizure? _____

4. How many seizure events have there been? _____
5. Have the seizure events been solitary spells or clusters? _____
6. How many spells happen per cluster and how long does a cluster last? _____

7. Please describe any signs during the day before a seizure happens _____

8. Please describe any signs during the few minutes before a seizure happens _____

9. Please describe the seizure event itself _____

10. Please describe the period after the seizure _____

11. During the periods between seizure events, are there any abnormal behaviors? _____

12. Do you attribute any of these signs to the medications? _____

13. Please list the current doses and frequency of administration of all medications _____

14. Are you satisfied with the regulation of the seizure problem? _____

15. Are you dissatisfied with the side effects of any medications? _____

16. Is it difficult to administer any medications? _____

17. Any other comments? _____

The format of your visit will include a review of this information and a physical examination of your pet. We will then review the outlook and a treatment plan.