

# Irish Wolfhound Seizure Study

## Preliminary Questionnaire

### Study of Seizures in Irish Wolfhounds Questionnaire

*Your name:*

*Your Address*

*Phone #*

*Email Address*

*Wolfhound's Registered Name*

*Call Name*

*Sex*

*Birth Date*

*Sire*

*Dam*

*Total Pups in Litter*

*Is this dog living?*

*Date or Age at Death*

*Food Brand*

*House or Kennel Dog?*

*Cause of Death*

**DHLP/Parvo:**

Combination?

Separate?

Intervals given

Other Medications /  
Heartworm / Flea Control  
etc:

**Onset of Seizures :**

Age

or Date

Frequency

**Occurrence:**

During sleep/rest?

During the Day?

At Night ?

Type of Seizure

Neurological Exams

Other Exams/Tests

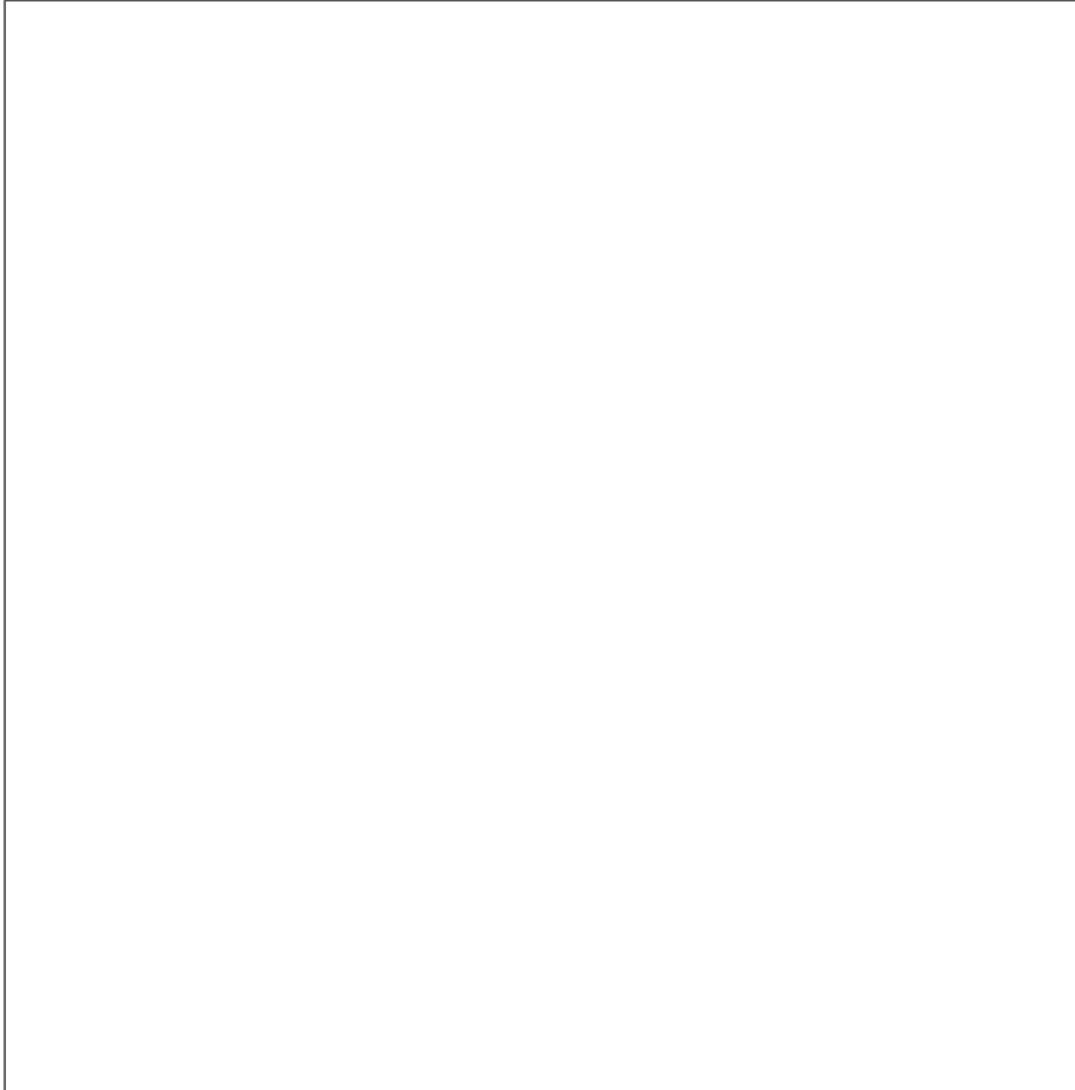
Seizure Medications

Dose

Contact DVM:

Temperament:

**Comments / Observations:**



Please mail the completed form to:  
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