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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