

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

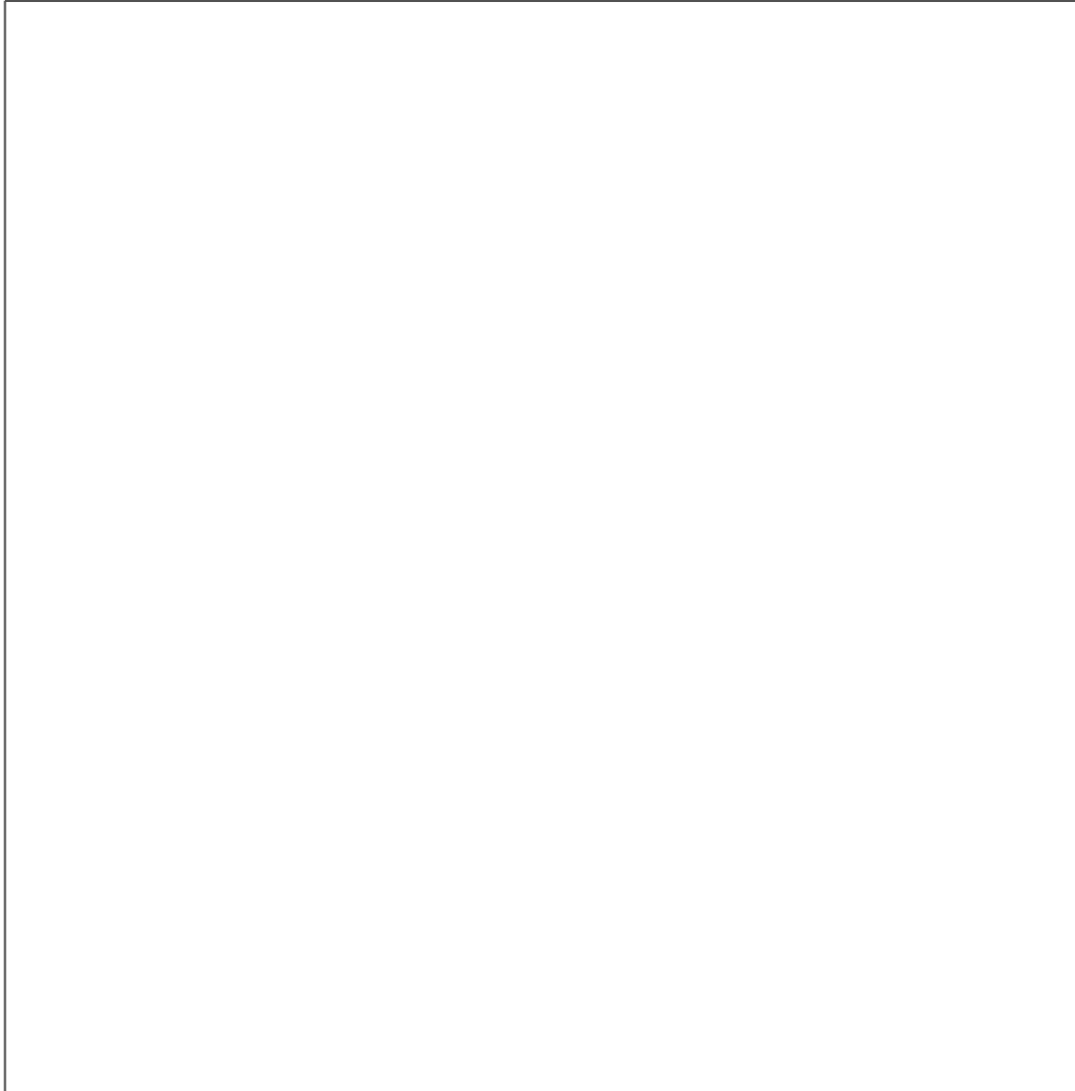
Seizure Medications

Dose

Contact DVM:

Temperament:

Comments / Observations:



Please mail the completed form to:
Dr. Margret L Casal
Section of Medical Genetics
VHUP Room 4015
3900 Delancey Street
Philadelphia, PA 19104-6010