

# **CANINE Epilepsy Research**

## **Individual Dog Information**

Breed \_\_\_\_\_

DCL # (we will complete): \_\_\_\_\_

Sample submitted: Blood – Tissue – other \_\_\_\_\_

Registered Name \_\_\_\_\_ Call name \_\_\_\_\_

Registration # \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex? M – F Neutered/Spayed? Y – N

Sample Submission Date: \_\_\_\_\_ Color \_\_\_\_\_

Sample submitted for which research project? **Epilepsy Research**

Owner: name \_\_\_\_\_

breeder's name \_\_\_\_\_

address \_\_\_\_\_

address \_\_\_\_\_

phone (day) \_\_\_\_\_

phone \_\_\_\_\_

phone (eve) \_\_\_\_\_

e-mail \_\_\_\_\_

fax \_\_\_\_\_

e-mail \_\_\_\_\_

Does this dog exhibit any of the following conditions? (*Please attach history for any Yes answer*)

Y - N Allergies

Y - N Digestive difficulties

Y - N Arthritis

Y - N Heart Problems

Y - N Autoimmune Disorders

Y - N Hernia (where? \_\_\_\_\_ )

Y - N Bite or Tooth Abnormalities

Y - N Reproductive Problems

Y - N Cancer / Tumors

Y - N Seizures

Y - N Vision Problems

Y - N Skin / Coat Problems

Y - N Deafness / Hearing Impaired

Y - N Skeletal Abnormalities (Hip Dysplasia, etc.)

other (please list):

Y - N Temperament Problems (shy, aggressive, etc.)

Testing done on this dog:

OFA/PennHip Y - N

age at test: \_\_\_\_\_

result: \_\_\_\_\_

# \_\_\_\_\_

CERF Y - N

age last tested: \_\_\_\_\_

result: \_\_\_\_\_

# \_\_\_\_\_

Thyroid Y - N

age last tested: \_\_\_\_\_

result: \_\_\_\_\_

other (please list):

***See following pages for questions on symptoms – please complete for ALL sampled dogs.***

### **ATTACH PEDIGREE COPY TO THIS FORM**

Please circle your response to the following;

- I am / am not willing to provide additional blood samples if needed for research.

- I will / will not consider donation of a tissue sample upon the death of this dog, and will discuss this decision with my veterinarian so that a notation is placed in my file.

I submit this sample and pedigree for the purpose of DNA research; I understand that the identity of dogs and owners participating in the research will not be revealed; and I have supplied complete and accurate information, to the best of my knowledge.

Signed: \_\_\_\_\_ date \_\_\_\_\_

Has this dog been diagnosed as likely to be affected with epilepsy?    Yes            No  
 Have any relatives of this dog been diagnosed with epilepsy?    Yes    No    Don't Know  
 If yes, which relatives?            Sire    Dam    Sibling    Offspring    Other \_\_\_\_\_  
 Paternal Grandsire    Paternal Grand-dam    Maternal Grandsire    Maternal Grand-dam

When is the best time to reach you by phone? \_\_\_\_\_

### **Veterinary Contact Information**

#### *Primary Care*

Vet Name \_\_\_\_\_  
 Clinic Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City,St,Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Email: \_\_\_\_\_

#### *Ophthalmologist*

Name \_\_\_\_\_  
 Clinic Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City,St,Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Email: \_\_\_\_\_

#### *Neurologist*

Vet Name \_\_\_\_\_  
 Clinic Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City,St,Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Email: \_\_\_\_\_

#### *Other Specialist*

Name \_\_\_\_\_  
 Clinic Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City,St,Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Email: \_\_\_\_\_

May we have your permission to contact your veterinarians to request records and discuss your dog's health history, diagnostic testing, and possible treatment options?    Yes    No

Signed: \_\_\_\_\_ date: \_\_\_\_\_

***Behavior and Activity survey follows – please complete for all sampled dogs*****Canine Epilepsy-specific Questionnaire**

1. Has your dog exhibited any of the following behaviors?  
(please check **all that apply** and indicate dog's age when the behavior first became apparent)

Age Behaviour First Observed

- |  |       |
|--|-------|
| <input type="checkbox"/> Fear/Anxiety related behaviours   | _____ |
| <input type="checkbox"/> Defensive Aggression  | _____ |
| <input type="checkbox"/> Unprovoked Aggression   | _____ |
| <input type="checkbox"/> Abnormal Perception (e.g. barking w/o any<br>apparent cause, chasing light spots/shadows, staring into space) | _____ |
| <input type="checkbox"/> Territorial Behavior  | _____ |
| <input type="checkbox"/> Loss of interest in receiving affection   | _____ |
| <input type="checkbox"/> Barking at familiar object or person  | _____ |
| <input type="checkbox"/> Inability to recognize family members or familiar people  | _____ |
| <input type="checkbox"/> Pacing aimlessly or wandering   | _____ |
| <input type="checkbox"/> Agitation if disturbed from sleep   | _____ |
| <input type="checkbox"/> Reduced interest in activities (Apathetic behavior)   | _____ |
| <input type="checkbox"/> My dog has not exhibited any abnormal behaviours  |       |

2. Has your dog exhibited seizures? ☐ Yes ☐ No

If no, you are done with the questionnaire.

If yes, please complete the following:

Age seizures were first observed: \_\_\_\_\_

Have seizures increased in severity since first observed? ☐ Yes ☐ No ☐ Not sure

Have seizures increased in frequency since first observed? ☐ Yes ☐ No ☐ Not sure

Do seizures ever occur at rest? ☐ Yes ☐ No ☐ Not sure

Do seizures ever occur during sleep? ☐ Yes ☐ No ☐ Not sure

Do seizures ever occur while your dog is walking around? ☐ Yes ☐ No ☐ Not sure

Do seizures ever occur while your dog is running, playing or exercising? ☐ Yes ☐ No ☐ Not sure

Do seizures ever occur after a stimulus? ☐ Yes ☐ No ☐ Not sure

If yes, describe the type of stimulus \_\_\_\_\_

☐ sound ☐ smell ☐ taste ☐ visual stimulus ☐ other (please specify)

Is there any factor triggering the seizures? ☐ Yes ☐ No ☐ Not sure

If yes, is it ☐ anxiety, ☐ hyperactivity, ☐ stress, ☐ season, ☐ diet, ☐ heat cycle,

☐ variation in daily routine, ☐ other environmental triggers \_\_\_\_\_

Can you tell if your dog is going to have a seizure a day before the event? ☐ Yes ☐ No

Can you tell if your dog is going to have a seizure hours before the event? ☐ Yes ☐ No

In the day/ hours preceding a seizure, does your dog shows any behavioral changes such as (please select all that apply)?

☐ acting anxious or agitated, ☐ restlessness, ☐ acting fearful; ☐ increased affection;

☐ attention/ contact seeking; ☐ withdrawal, ☐ hiding; ☐ sleepy; ☐ disorientated;

☐ aggressiveness, ☐ vocalization; ☐ licking; ☐ pacing; ☐ salivating, ☐ vomiting;

☐ other \_\_\_\_\_;

☐ No, my dog does not show any behavioural changes before a seizure

Does your dog always have the same type of seizures? ☐ Yes ☐ No

If yes, please describe in your own words what your dog does during the seizure.

If no, describe the most common type first and then the other seizure type/s.

***The following questions refer to your dog's most common type of seizures***

When a seizure starts, is one body part affected first? ☐ Yes ☐ No ☐ Not sure

If yes, is the rest of the body affected soon after? ☐ Yes ☐ No ☐ Not sure

When a seizure starts, is your dog's head involved first? ☐ Yes ☐ No ☐ Not sure

If yes, please describe which side and part of the face is involved first (e.g. right side, lip twitch): \_\_\_\_\_

Does your dog make chewing movements? ☐ Yes ☐ No ☐ Not sure

Does your dog make repeated licking movements? ☐ Yes ☐ No ☐ Not sure

Does your dog repeatedly rub their face or another body part? ☐ Yes ☐ No ☐ Not sure

When a seizure starts, are your dog's limbs involved first ☐ Yes ☐ No ☐ Not sure

If yes, which limbs? ☐ front ☐ rear ☐ one limb ☐ two limbs ☐ left ☐ right

Does the seizure start on one or both sides of your dog's body? ☐ Left ☐ Right ☐ Both sides  
☐ Not sure

Is your dog standing during the seizure? ☐ Yes, initially ☐ Yes, during the entire seizure ☐ No  
☐ Not sure

Does your dog become recumbent (lay down) during the seizure? ☐ Yes ☐ No ☐ Not sure

Is your dog's body (muscle tone) stiff/ rigid,  
floppy or normal during the seizure? ☐ stiff/rigid ☐ floppy ☐ normal ☐ Not sure

Is there any rhythmic body/leg shaking? ☐ Yes ☐ No ☐ Not sure

Are there any running movements during the seizure? ☐ Yes ☐ No ☐ Not sure

Do you think your dog's level of awareness remains normal during the seizure (e.g. he/she is aware of who you are and where he/she is)? ☐ Yes ☐ No ☐ Not sure

Do you think your dog becomes unconscious during part or all the seizure?  
☐ Yes, during part of the seizure ☐ Yes, for the entire duration of the seizure ☐ No ☐ Not sure

Do you think your dog can hear you during a seizure? ☐ Yes ☐ No ☐ Not sure

Is your dog salivating more than normal before/during/after the seizure? (please select all that apply)  
☐ Before the seizure ☐ During the seizure ☐ After the seizure ☐ No ☐ Not sure

Is your dog urinating before/ during/ after the seizure? (please select all that apply)  
☐ Before the seizure ☐ During the seizure ☐ After the seizure ☐ No ☐ Not sure

Is your dog defecating before/ during/ after the seizure? (please select all that apply)  
☐ Before the seizure ☐ During the seizure ☐ After the seizure ☐ No ☐ Not sure

How long does the seizure generally last? \_\_\_\_\_

Do you time the seizure with a watch? ☐ Yes ☐ No

In the minutes/ hours following a seizure does your dog show any of the following (please select all that apply):

☐ disorientation, ☐ aggressive behaviour, ☐ acting fearful; ☐ restlessness, ☐ pacing, ☐ lethargy,  
☐ deep sleep, ☐ hunger, ☐ thirst, ☐ defecation, ☐ urination, ☐ wobbly when walking,  
☐ blindness (bumping into things); ☐ other \_\_\_\_\_

How long does your dog take to return to completely normal after a seizure?

☐ Less than 30 min ☐ 30 min to 24 hours ☐ More than 24 hours ☐ Other duration, specify \_\_\_\_\_  
☐ unknown

Do the seizures occur in the morning, afternoon, evening, night or any time?

☐ Morning ☐ Afternoon ☐ Evening ☐ Night ☐ Any time ☐ Not sure

Is your dog being treated with any antiepileptic medication (AEM)/s for the seizures? ☐ Yes ☐ No

If yes, please indicate which one/s by checking the relevant box:

☐ Phenobarbitone (Epiphen)

☐ Potassium bromide (Libromide, Epilease)

☐ Imepitoin (Pexion)

☐ Levetiracetam (Keppra)

☐ Gabapentin (Neurontin)

☐ Zonisamide (Zonegran)

☐ Pregabalin (Lyrica)

☐ Other, please specify \_\_\_\_\_

3. Please indicate the date/s (or at least month and year) in which the antiepileptic medication/s was/were initiated:

---



---

Have any of the above antiepileptic medications been discontinued/ stopped?

☐ Yes ☐ No ☐ Not sure

If yes, indicate which one and when

---



---

Has your dog experienced any adverse effects due to the antiepileptic medication/s?

☐ Yes ☐ No ☐ Not sure

If yes, which one the following has your dog experienced (please select all that apply)?

- ☐ Eating more/hungrier   ☐ Gaining weight   ☐ Drinking more   ☐ Urinating more  
☐ Sleeping more   ☐ Being wobbly/Uncoordinated when walking   ☐ Restlessness/pacing  
☐ Itchiness or skin rash   ☐ Vomiting   ☐ Diarrhea   ☐ Coughing   ☐ Other, please specify
- 

Have these adverse effects resolved, or have they persisted after the first 3 months of starting antiepileptic treatment, or a dosage increase?

- ☐ Yes, they have all resolved  
☐ No, all adverse effects persist   ☐ No, some adverse effects persist   ☐ Not sure

If some adverse effects persist, please specify (select all that apply):

- ☐ Eating more/hungrier   ☐ Gaining weight   ☐ Drinking more   ☐ Urinating more  
☐ Sleeping more   ☐ Being wobbly/Uncoordinated when walking   ☐ Restlessness/pacing  
☐ Itchiness or skin rash   ☐ Vomiting   ☐ Diarrhea   ☐ Coughing   ☐ Other, please specify
- 

Overall, how frequently does your dog have seizures?

- ☐ more than one day in a week  
☐ one day a week  
☐ one day every 2 weeks  
☐ one day a month  
☐ one day every 3 months  
☐ one day every 6 months  
☐ one day every 12 months  
☐ other seizure frequency (please specify) \_\_\_\_\_  
☐ I am not sure about my dog's seizure frequency

If known, can you please indicate the number of seizures per month before initiation of antiepileptic treatment (if more than one antiepileptic medication has been used please indicate the date and name of the most successful one/s)?

---



---

If known, can you please indicate the number of seizures per month after initiation of antiepileptic treatment?

---



---

What is the highest number of seizures your dog has had in 24 hours? \_\_\_\_\_

How commonly does your dog have more than one seizure in 24 hours?

☐ Every month ☐ Once every 3 months ☐ Once every 6 months ☐ Once a year ☐ Never

Does your dog experience seizures that last longer than 5 minutes? ☐ Yes ☐ No ☐ Not sure

If yes, how often do seizures that last longer than 5 minutes occur?

☐ Every month ☐ Once every 3 months ☐ Once every 6 months ☐ Once a year  
☐ Other frequency (please specify) \_\_\_\_\_

Do you administer any emergency medications such as rectal diazepam to control seizure episodes at home? ☐ Yes ☐ No

If yes, which emergency antiepileptic medications do you use

- ☐ Diazepam (Valium) rectally
- ☐ Levetiracetam (Keppra) rectally
- ☐ Levetiracetam (Keppra) orally (by mouth)
- ☐ Other medication or route of administration, please specify \_\_\_\_\_

If yes, do you think this helps to stop the seizures or prevent further seizures?

☐ Yes ☐ No ☐ Not sure

Has your dog been seizure-free (i.e., had no seizures):

- ☐ 3 months ☐ 6 months ☐ 12 months ☐ 18 months ☐ 24 months ☐ >24 months
- ☐ No, my dog HAS had seizures in the last 3 months



If your dog has had seizures in the last 3 months, how many has he/she had and how often have they occurred (e.g. one every week, one every month, etc)?

---

If your dog has had seizures in the last 3 months, how severe have the seizures been?

☐ Very severe (e.g. lasting more than 5 minutes or more than 1 seizure in 24 hours)

☐ Severe

☐ Moderately severe

☐ Mild

☐ Very mild

If we need any additional information, may we contact you?

☐ Yes ☐ No

***End of Questionnaire***