

Seizure Survey
The Dalmatian Club of America Research Subcommittee
On Seizure Disorders

IF YOU OWN A DALMATIAN OR KNOW OF ONE WITH THIS PROBLEM, PLEASE HELP US COLLECT INFORMATION BY ANSWERING THIS SURVEY.

1. Sex of Dog with Epilepsy or seizures:

Male Female

Do not include dogs with other known causes of seizures, i.e., head injury, etc.)

2. Breed:

Dalmatians only please.

3. Age of dog

Age at onset of seizures:

Current age of dog:

4. Seizures Information About Your Dog

Please indicate which type your dog is experiencing:

Mild - Noticeable difference in dog of short duration. Momentary loss of consciousness, staring into space, loss of muscle tone and possibly upward rotation of the eyes "Petit Mal".

Partial - Partial Seizures: Movements are restricted to one area of the body, such as muscle jerking, movement of one limb, turning the head or bending the trunk to one side, or facial twitches.

Moderate - Loss of consciousness with generalized convulsions, paddling of limbs, frothing at the mouth, maybe urination and defecation. Usually last 1-3 mins but may last longer. "Grand Mal"

Severe - Loss of consciousness with generalized convulsions. Dog does not regain consciousness between attacks or medical help must be sought to stop seizure activity. "Status Epilepticus"

Cluster - Cluster Seizures: - Multiple seizures within a short period of time with only brief periods of consciousness in between. Maybe confused with

Status Epilepticus. Both cases are considered life threatening.

How often does the dog have a seizure?

Is the dog on medication?

Please include the Drug, dosage and frequency of seizures. If the dog is on medication and no longer seizures, give the names of the drugs and dosage and then answer "0" to frequency. If you know the frequency of the seizure activity prior to medication please fill in both blanks.

Frequency of seizures without medication:

Frequency of seizures with medication:

Medication information:

Example:

Frequency of seizures without medication: 4 per month

Frequency of seizures with medication: 1 per month

Medication information: Dilantin 100mg, 3 times per day

Is the dog:

Intact. Neutered. Spayed.

5. Have you ever lost a dog due to seizure disorder?

Yes. No.

6. Are you aware of any incidence of seizure activity in any other family members?

Number of Family Members Affected: ... if none enter '0'.

7. Please provide any other information, questions or comments regarding seizure disorders:

8. Would you be interested in participating in Canine Epilepsy DNA Research with your Dalmatian?

Yes. No.

9. Congratulations, you have completed the survey.

Please add your electronic signature to the form so that you can submit an updated survey in the future should things change with your dog. All personal information received will be kept confidential by the research committee. Thank you for agreeing to complete this survey and for your continued interest in achieving excellence in Dalmatians.

Electronic Signature:

Dog's Name:

Your Name:

Your Email Address:

Press the Submit button to send the completed survey to the DCA Research Committee.

All personal information received will be kept confidential by the research committee. Thank you for agreeing to complete this survey and for your continued interest in achieving excellence in Dalmatians.

(Thank you from DCA Research Committee)

If you have any questions or need clarification on how to fill out this survey please contact [Marion Mitchell](#).

Please submit your comments, requests and suggestions to
[DCA Questions](#)

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