

DURING THE EPISODES

Do your pet's episodes all seem the same?	Yes	No
How long do the episodes last?	_____minutes	_____seconds
Is this based on a timer or watch?	Yes	No
What is the first thing you observe when your pet has an episode?		
head movements	forelimb movements	hindlimb movements
Does the episode start on one side?	left	right not sure
Does your pet fall to the floor during the episodes?	Yes	No
If Yes, is it always to the same side?	Yes	No
If Yes, which side?	left	right
Does your pet do any of the following during the episode? <i>(Mark as many as apply)</i>		
chewing movements	paddling movements	shaking urinate defecate drool/froth
Do you think your pet can hear you during the episode?	Yes	No
Do you think your pet can see you during the episode?	Yes	No

Please describe in detail what you observe during your pet's episodes. If your pet displays more than one type of episode, please describe the most common type first and then the other type(s). When possible, please describe what you observe about your pet's mental state and what their body is doing during the episodes in sequence.

AFTER THE EPISODES

How long does it take your pet to be standing and walking around? _____

How long does it take until your pet is back to normal? _____

Does your pet show any of the following immediately after the episode? *(Mark as many as apply)*

fearfulness	aggression	disorientation/agitation	acting "clingy"	anti-social/hiding
sleepy/lethargic	staring into space	fly-catching/star-gazing	sniffing excessively	
blindness	other (please describe):			

BETWEEN THE EPISODES

How long does it take your pet to be standing and walking around? _____

How long does it take until your pet is back to normal? _____

Does your pet show any of the following behaviors between episodes? *(Mark as many as apply)*

altered mentation (e.g., depressed or hyperactive)	unable to perform previously learned tasks
abnormal social interactions (e.g., clingy, hiding)	aggressive toward familiar dogs or people
disobedient	aggressive toward strange dogs or people
staring into corners or pressing head against walls	eating feces or abnormal items
excessively licking or scratching themselves	destructive
agitated, pacing, howling, barking	change in sleeping pattern
change in exercise pattern	abnormal sexual behavior

ADDITIONAL INFORMATION

If available, please provide us with the following:

- video footage of episode(s)
- a copy of the seizure and medication diaries
- results of previous diagnostics (blood tests, urinalysis, MRI, CT, etc.)

If you have any additional information to add, please do so here.