

BORDER TERRIER BREED HEALTH GROUP

CECS Questionnaire

To be sent to Breed Health Coordinator Steve Dean:

Email - stevedean@tyrianborder.com

Dog's Details

Dog's Home Name :

.....

Dog's Kennel Club Registered Name (if known):

.....

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Sex: Male Female

Age:

Birthdate:

Pedigree: Yes No

KC Registered Names of Parents If Known:

Father:.....

Mother:.....

Are you happy for this information to be added to a Database held for research purposes by the Border Terrier Breed Health Group. Yes No

The Episodes/Seizure

Dog's age at which you first observed an episode:

Date of Last Known Episode:.....

How often does the dog have these Episodes:

- Weekly Monthly Every 2/3 Months
 Every 6 Months Once Per Year Other :

Average Length of Episode:

- <5 Mins 5-10 Mins 10-20 Mins
 >20 Mins

Does the dog appear conscious during the episode: Yes No

Does the dog appear to be aware of surroundings during episode: Yes No

Can you get the dogs attention during the episode: Yes No

Does the dog attempt to come to you during the episode: Yes No

Does the dog exhibit trouble walking during the episode: Yes No

Does the dog lie down during the episode: Yes No

If yes does it tend to lie on one side or the other: Left Right

Does the dogs show unusual head movement during the episode: Yes No

Does the dog exhibit excessive salivation during the episode: Yes No

Does the dog exhibit air licking during the episode: Yes No

Is the dog normal in between the episodes Yes No

How long does it take for the dog to return to normal after an episode:

- Immediately 5 Mins 15 Mins 30 Mins 1 Hour > 1 Hour

Other Issues

Does the dog suffer from any of the following conditions (tick all that apply):

- Hypersensitivity (Allergic) Skin Condition Skin Cyst
- Otitis Externa Otitis Media Lipoma
- Chronic Itching Conjunctivitis Dermatitis
- Arthritis Epilepsy Ear Mite Infection

Diet

What food is your dog usually fed:

- Dry Food
 - Standard
 - Wheat Free
 - Hypoallergetic
- Brand:

- Wet Food
 - Standard
 - Wheat Free
 - Hypoallergetic
- Brand:

- Raw Diet

- Special Diet :

Have you changed the dogs diet due to the disorder Yes No

If yes

- When did you change the diet:
- What change did you make:.....
.....

Does the dog scavenge food outside or inside the home Yes No (For example hoovering up crumbs in the kitchen)

Does the dog have access to other sources of food, eg treats that you have not controlled Yes No

Details of Veterinary Surgeon consulted:

Name:.....

Address:.....

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Email address:

Details of Owner:.....

Address:.....

.....

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Email address:

Signature of Owner:

Date:m