

EPILEPSIE JOURNAL DE BORD



SUIVI DE
L'ÉPILEPSIE



MON ANIMAL
EPILEPTIQUE

DP | DÔMES
PHARMA



SUIVI DE L'ÉPILEPSIE

Nom du propriétaire :

Nom de l'animal :

Date de naissance :

Espèce : Chien

Chat

Autre :

Race :

Date de la première crise convulsive :



RAPPEL
sur la conduite à avoir
en cas de crise :

G

**GARDER SON
CALME**

P

PROTÉGER

S

SURVEILLER*

*Si la crise ne s'arrête pas au bout de quelques minutes, ou si d'autres crises se succèdent rapidement, vous devez contacter votre vétérinaire immédiatement.

NOTICE DE REMPLISSAGE DU JOURNAL DE BORD

Afin de surveiller l'évolution de l'épilepsie et d'identifier un éventuel schéma de répétition, il est important de tenir un journal des crises.







PAGES 2-39 vous trouverez des tableaux descriptifs des crises à remplir :

Date : pour connaître la fréquence et constater tout changement de cette fréquence

Type de crise (généralisée ou partielle), heure et durée : pour identifier le schéma des crises (s'il en existe un) et voir s'il y a des évolutions

Récupération : la durée de la phase de récupération est un élément aussi important que la description de la crise. Dans le tableau, cochez la case concernée selon le code couleur :

-  Très rapide (1-15 minutes)
-  Rapide (15 minutes - 2 heures)
-  Longue (plus de 2 heures)
-  Très longue (un ou plusieurs jours)

Circonstance(s), remarque(s) : écrivez ici toutes les informations relatives à la crise ou la récupération qui vous semblent importantes (comportement avant et après la crise, etc.).

Traitement(s) en cours : pour faire le suivi des prescriptions.

↕ Entre deux crises ou deux séries de crises, indiquez le temps écoulé.

PAGES 40-45 vous pouvez effectuer des graphiques d'évolution des crises.

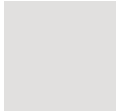
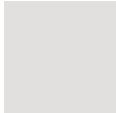
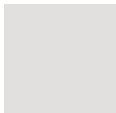




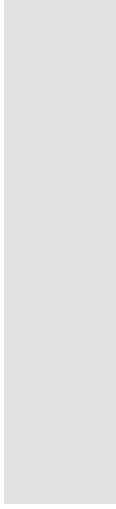
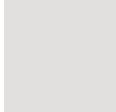
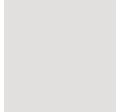

PAGES 46-48 vous trouverez des tableaux de suivi du poids de votre animal.

**VOUS POUVEZ ÉGALEMENT EFFECTUER UN SUIVI EN
LIGNE : www.mon-animal-epileptique.com
OU SUR VOTRE SMARTPHONE AVEC L'APPLICATION :
« Épilepsie du chien et du chat : suivi des
crises »**

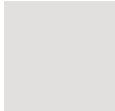
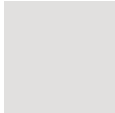
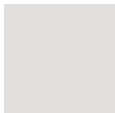



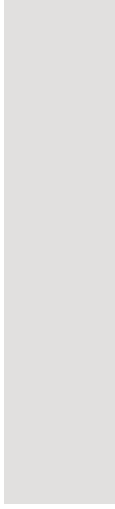
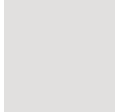
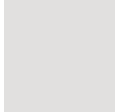



Date de la crise	Heure de la crise	Durée de la crise	Récupération (Durée)	Circonstance(s), remarques(s)	Traitement(s) en cours
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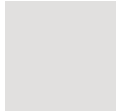
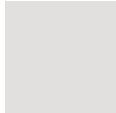
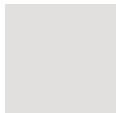




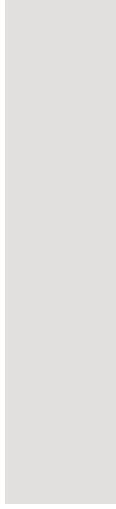
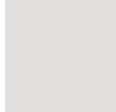
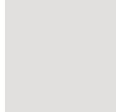

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OBSERVATIONS SUPPLÉMENTAIRES
(rendez-vous vétérinaire, prise de sang, alimentation, etc.)

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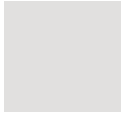
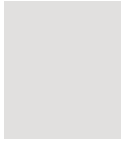
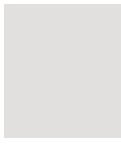




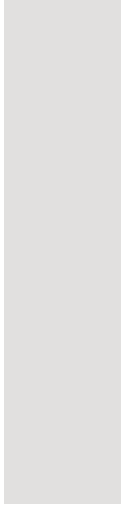
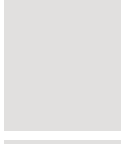
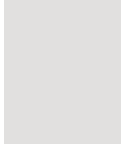

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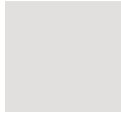
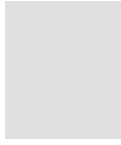
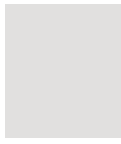




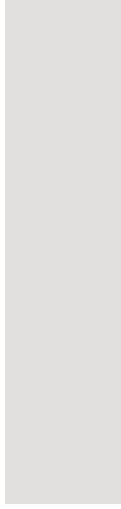
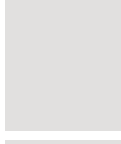
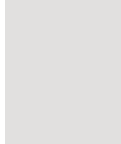

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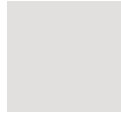
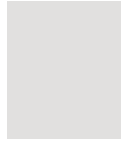
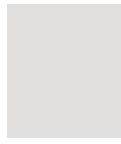




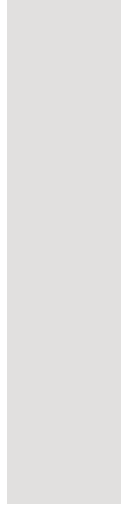
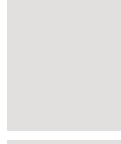
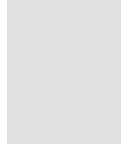

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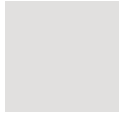
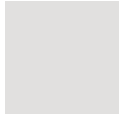
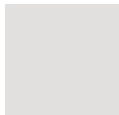




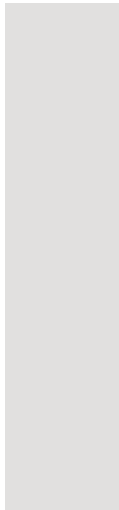
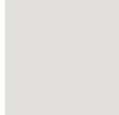
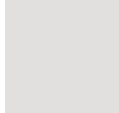

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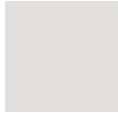
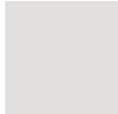
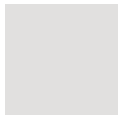




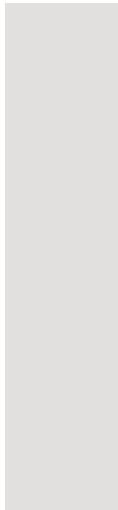
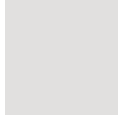
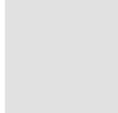

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Date de la crise	Heure de la crise	Durée de la crise	Récupération (Durée)	Circonstance(s), remarques(s)	Traitement(s) en cours
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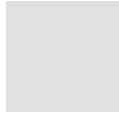
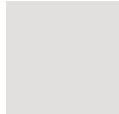
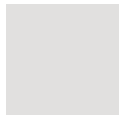




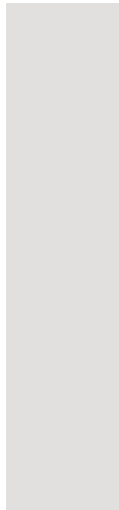
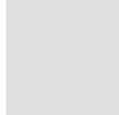
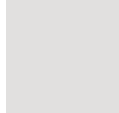

Temps écoulé depuis la dernière crise : 

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DATE

OBSERVATIONS SUPPLÉMENTAIRES
(rendez-vous vétérinaire, prise de sang, alimentation, etc.)

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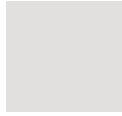
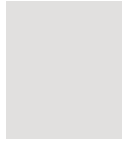
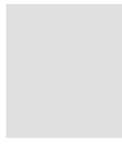




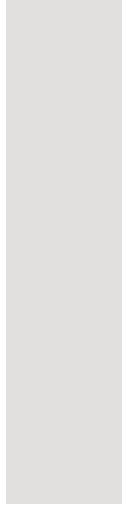
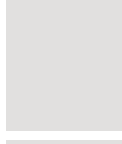
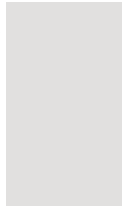
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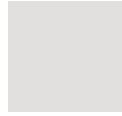
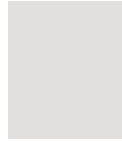
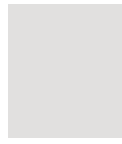




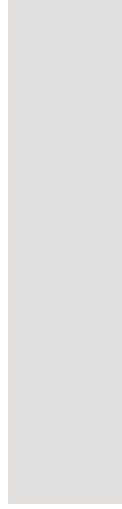
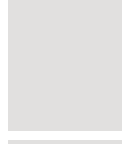
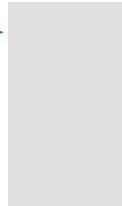
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Date de la crise	Heure de la crise	Durée de la crise	Récupération (Durée)	Circonstance(s), remarques(s)	Traitement(s) en cours
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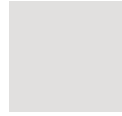
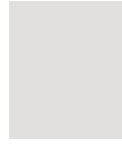
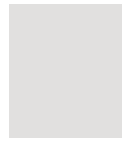




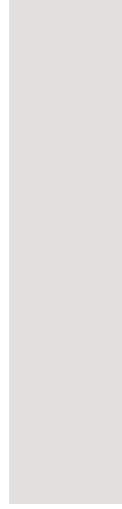
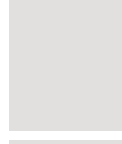
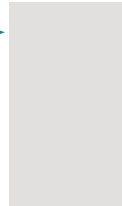
Temps écoulé depuis la dernière crise : 

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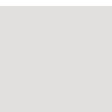

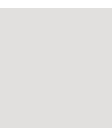




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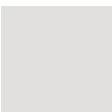
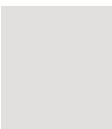
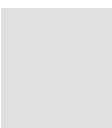




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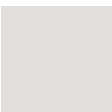
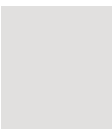
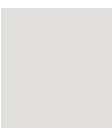




Temps écoulé depuis la dernière crise : 

							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Temps écoulé depuis la dernière crise : 

							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Temps écoulé depuis la dernière crise : 

							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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DATE

OBSERVATIONS SUPPLÉMENTAIRES
(rendez-vous vétérinaire, prise de sang, alimentation, etc.)

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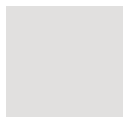
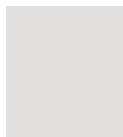
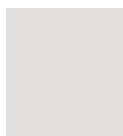




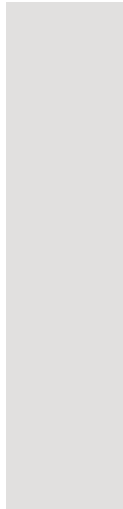
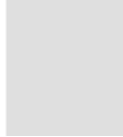
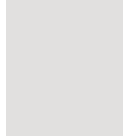

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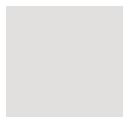
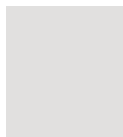
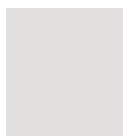




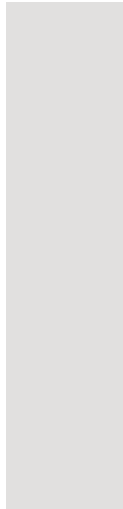
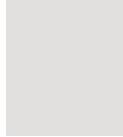
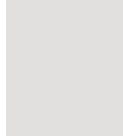

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Date de la crise	Heure de la crise	Durée de la crise	Récupération (Durée)	Circonstance(s), remarques(s)	Traitement(s) en cours	
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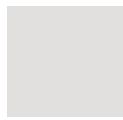
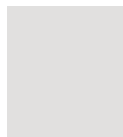
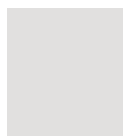




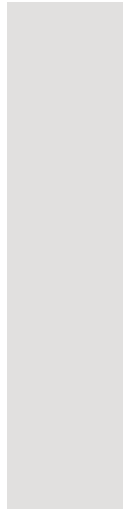
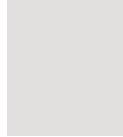
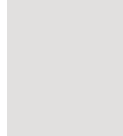

Temps écoulé depuis la dernière crise : 

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DATE

OBSERVATIONS SUPPLÉMENTAIRES
(rendez-vous vétérinaire, prise de sang, alimentation, etc.)

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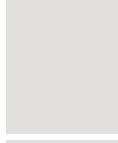
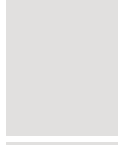
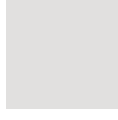
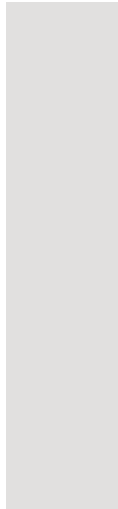
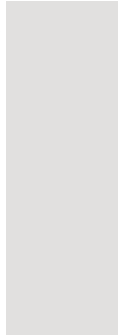
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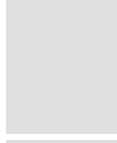
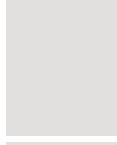
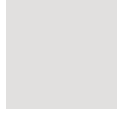
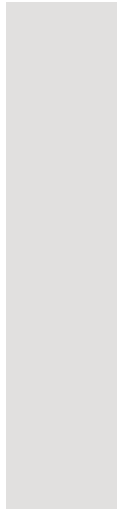
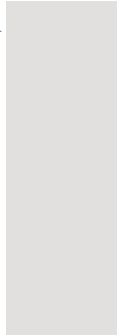
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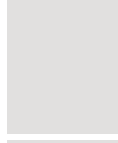
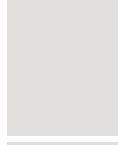
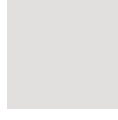
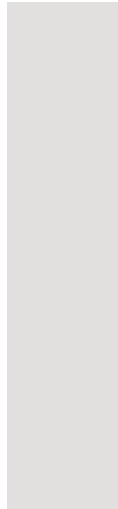
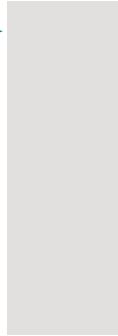
Temps écoulé depuis la dernière crise : 

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Temps écoulé depuis la dernière crise : 

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Temps écoulé depuis la dernière crise : 

				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									

DATE

OBSERVATIONS SUPPLÉMENTAIRES
(rendez-vous vétérinaire, prise de sang, alimentation, etc.)

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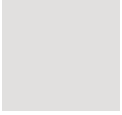
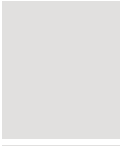
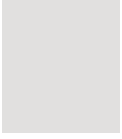




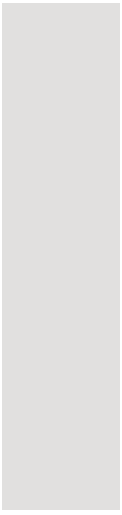
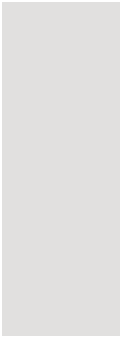
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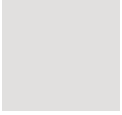
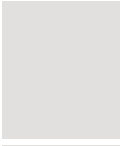
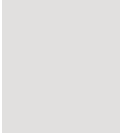




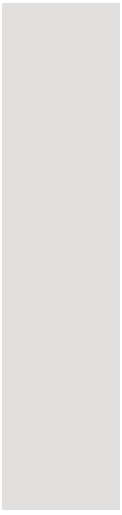
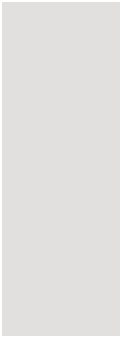
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Date de la crise	Heure de la crise	Durée de la crise	Récupération (Durée)	Circonstance(s), remarques(s)	Traitement(s) en cours	
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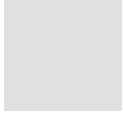
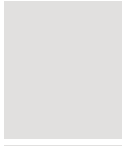
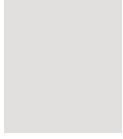




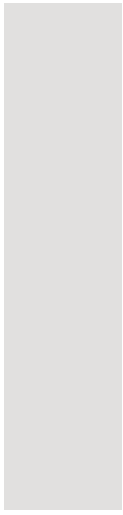
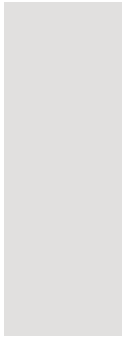
Temps écoulé depuis la dernière crise : 

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Temps écoulé depuis la dernière crise : 

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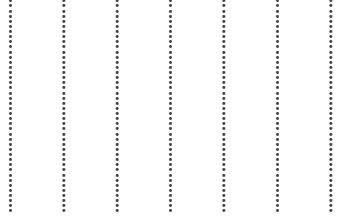
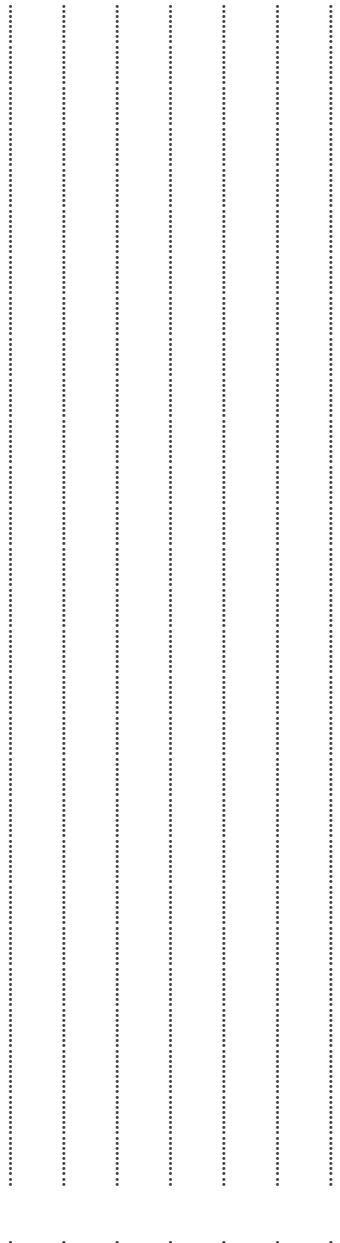
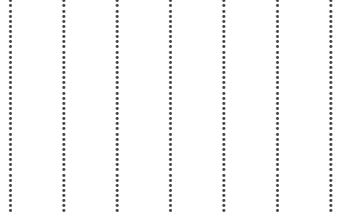
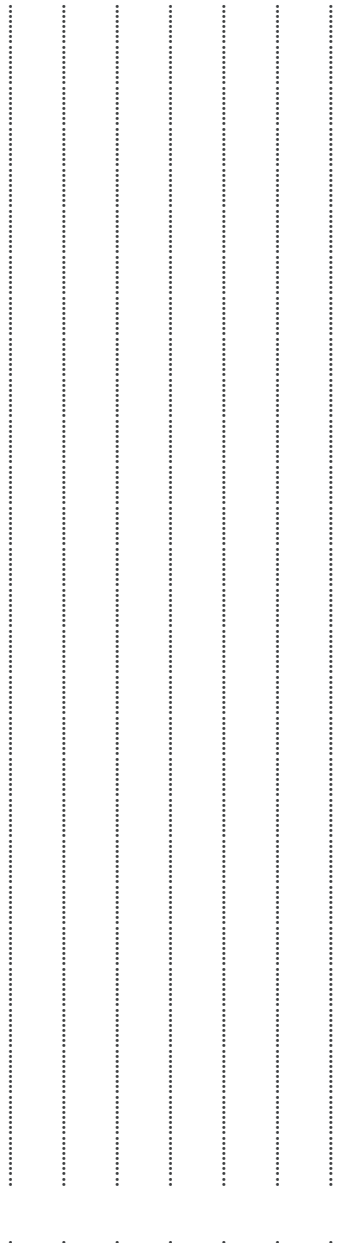
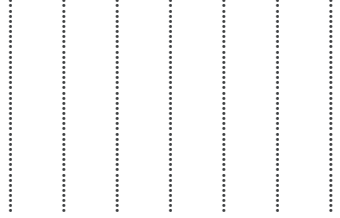
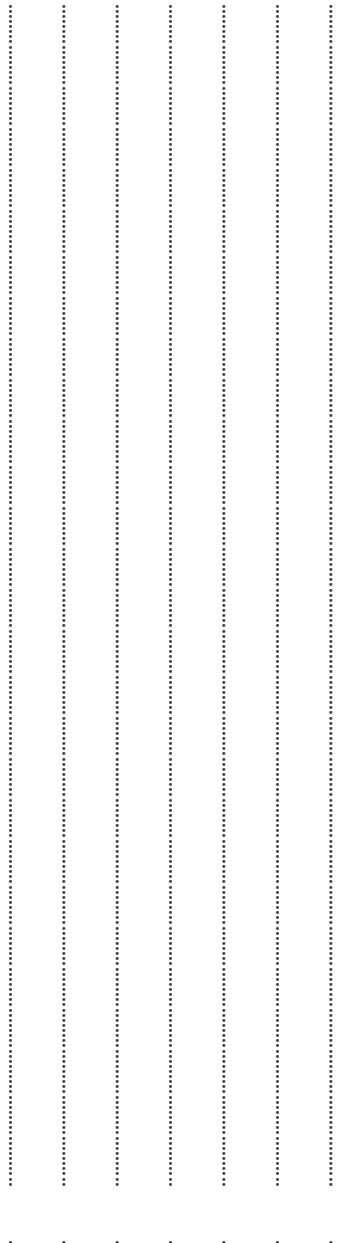
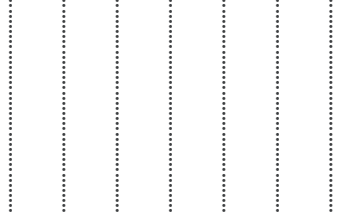
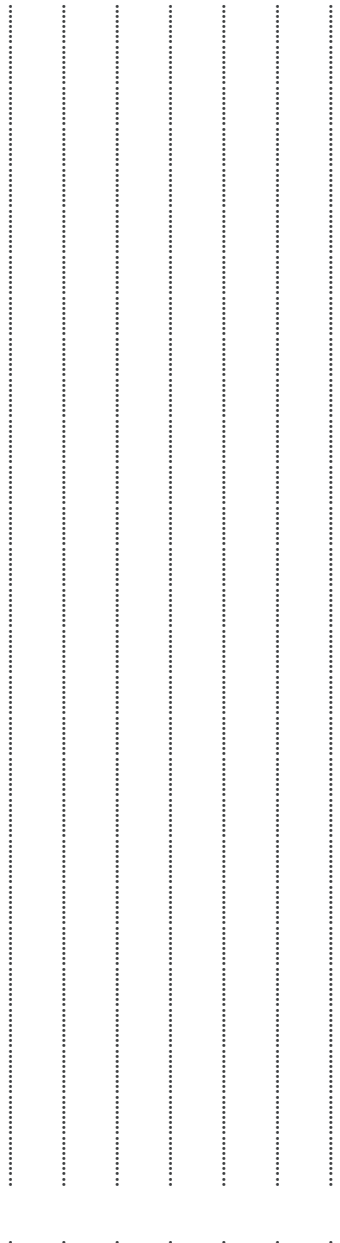
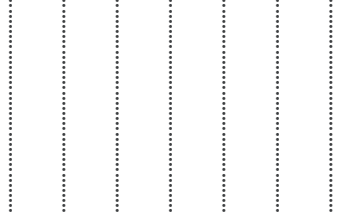
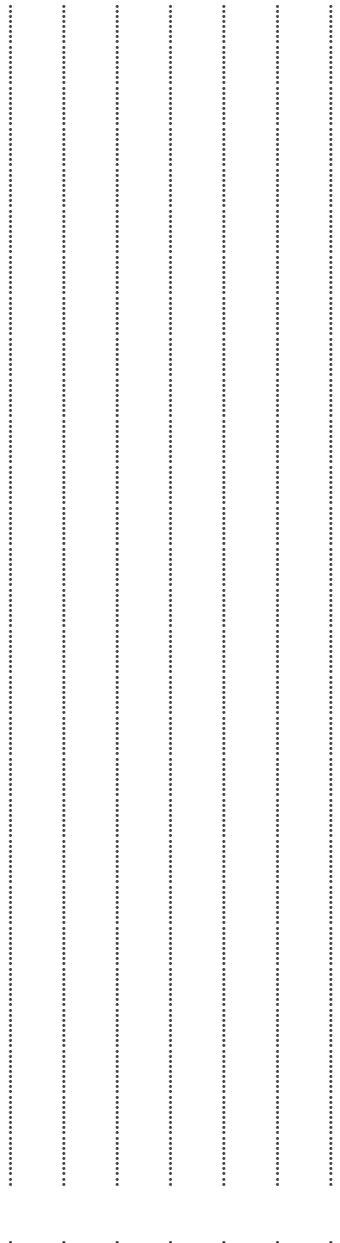
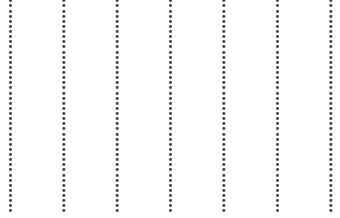
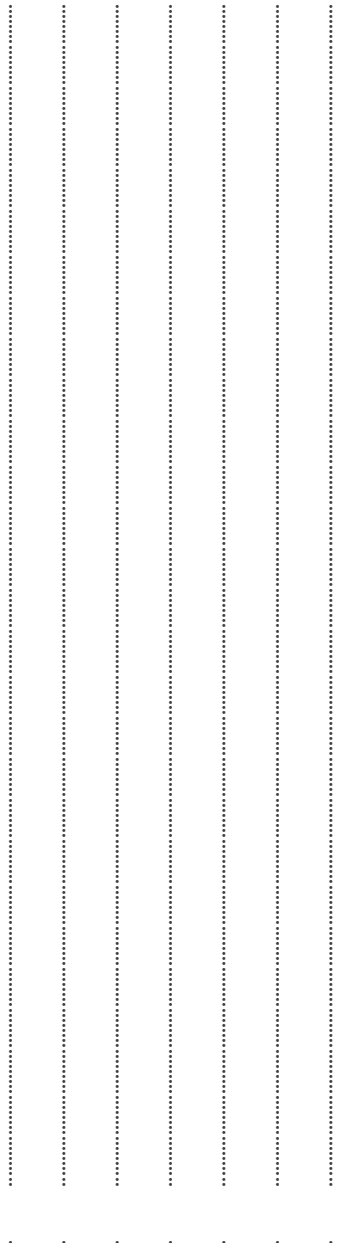
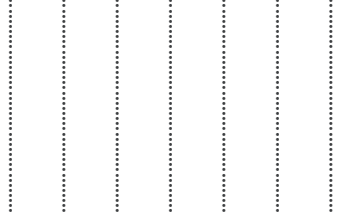
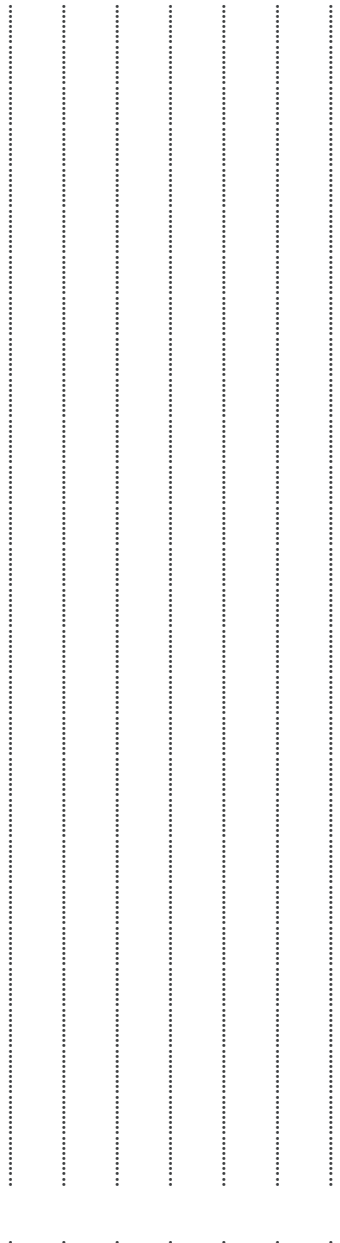
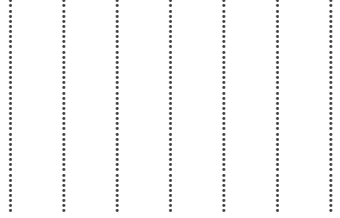
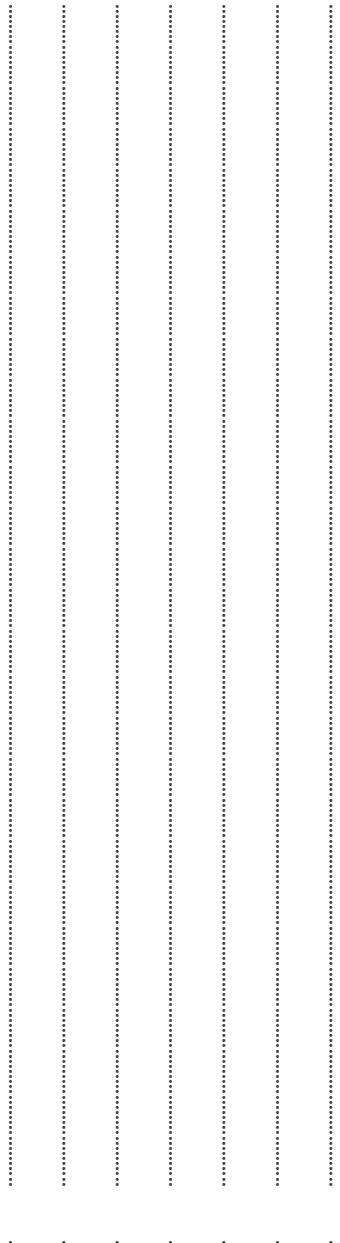
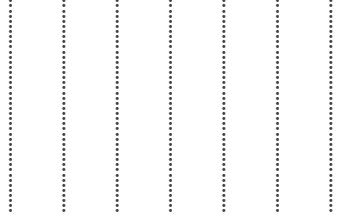
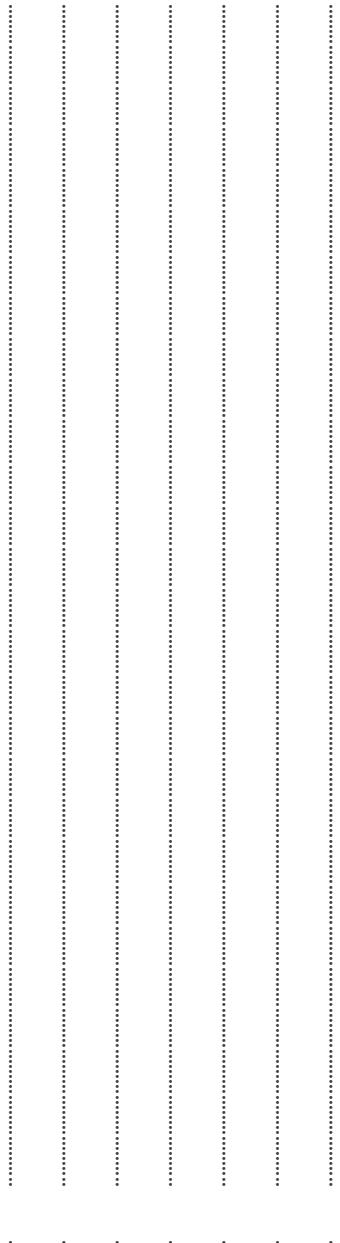
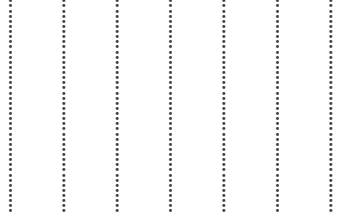
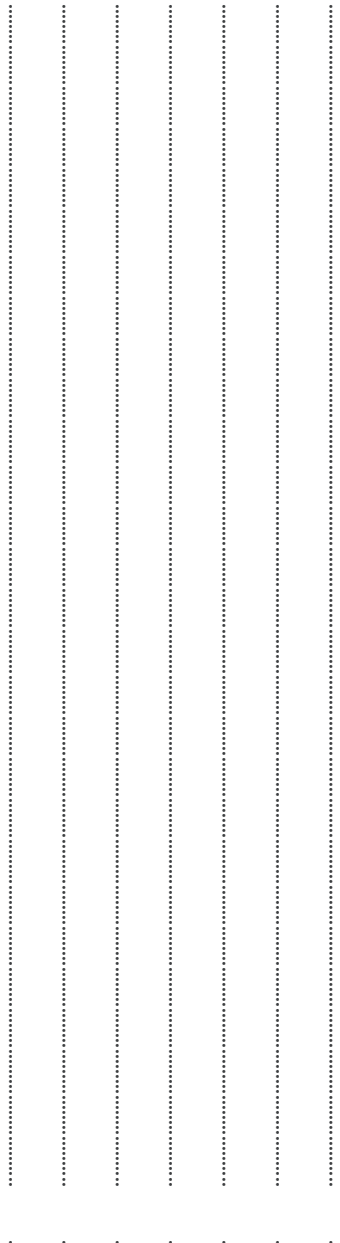
Temps écoulé depuis la dernière crise : 

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DATE

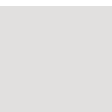
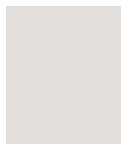
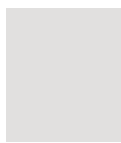




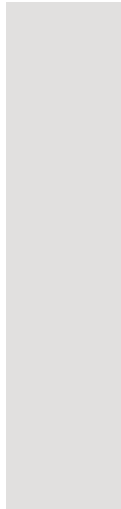
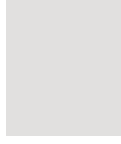
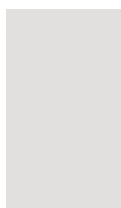
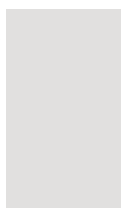
OBSERVATIONS SUPPLÉMENTAIRES

(rendez-vous vétérinaire, prise de sang, alimentation, etc.)

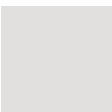
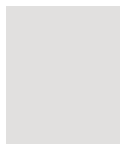
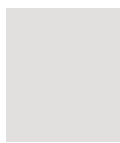




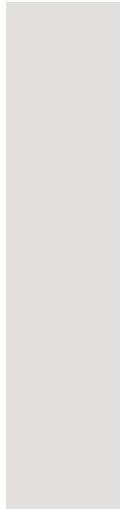
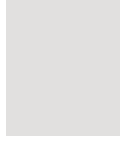
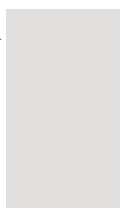
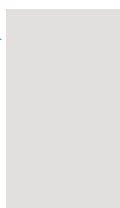
	
	
	
	
	
	
	
	
	
	

Date de la crise	Heure de la crise	Durée de la crise	Récupération (Durée)	Circonstance(s), remarques(s)	Traitement(s) en cours	
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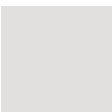
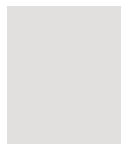
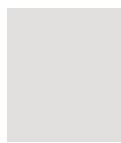




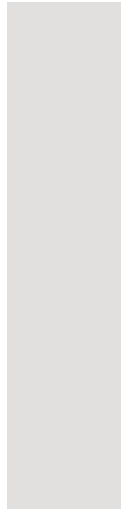
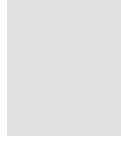
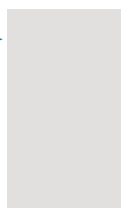
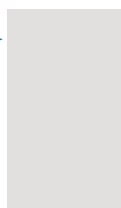
Temps écoulé depuis la dernière crise : 

							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										

Temps écoulé depuis la dernière crise : 

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Temps écoulé depuis la dernière crise : 

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DATE

OBSERVATIONS SUPPLÉMENTAIRES
(rendez-vous vétérinaire, prise de sang, alimentation, etc.)

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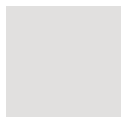
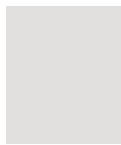
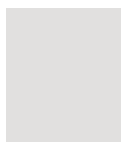




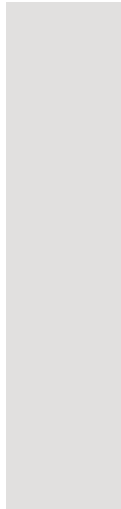
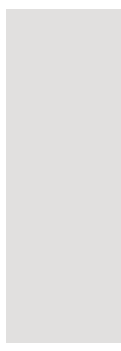
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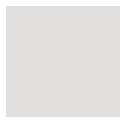
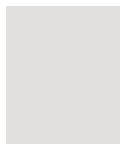
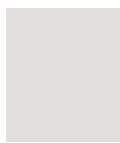




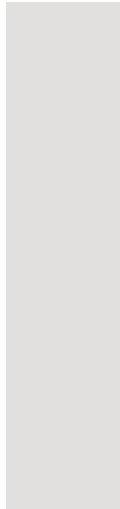
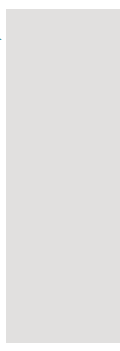
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Date de la crise	Heure de la crise	Durée de la crise	Récupération (Durée)	Circonstance(s), remarques(s)	Traitement(s) en cours	
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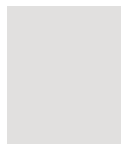
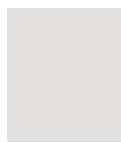




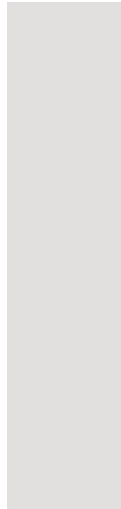
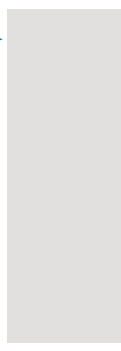
Temps écoulé depuis la dernière crise : 

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Temps écoulé depuis la dernière crise : 

							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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Temps écoulé depuis la dernière crise : 

							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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DATE

OBSERVATIONS SUPPLÉMENTAIRES
(rendez-vous vétérinaire, prise de sang, alimentation, etc.)

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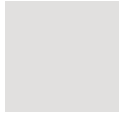
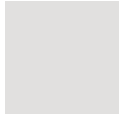
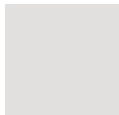




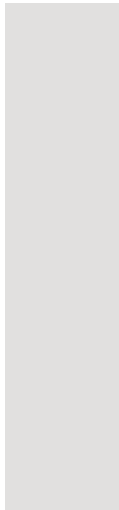
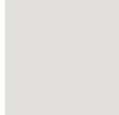
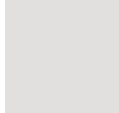
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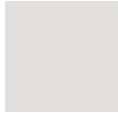
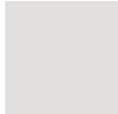
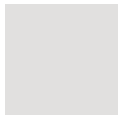




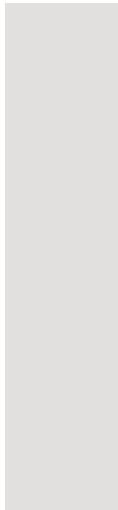
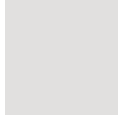
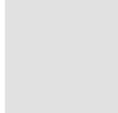
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Date de la crise	Heure de la crise	Durée de la crise	Récupération (Durée)	Circonstance(s), remarques(s)	Traitement(s) en cours
		<p>← généralisée/partielle →</p>			<p>Temps écoulé depuis la dernière crise : ⇄</p>
					<p>Temps écoulé depuis la dernière crise : ⇄</p>
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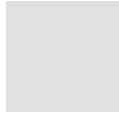
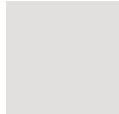
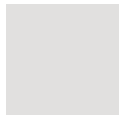




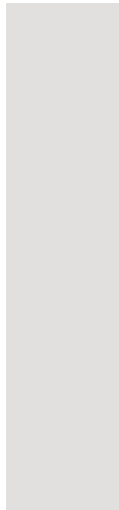
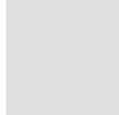
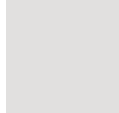
Temps écoulé depuis la dernière crise : 

							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										

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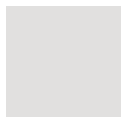
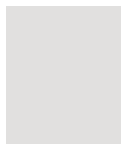
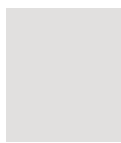




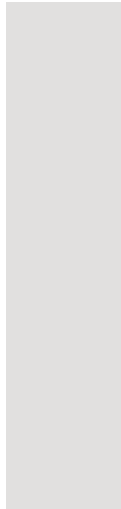
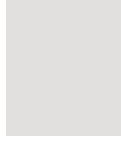
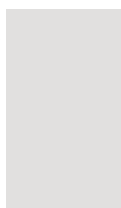

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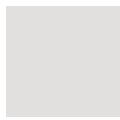
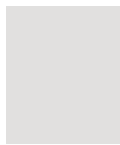
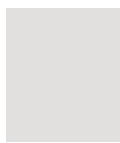




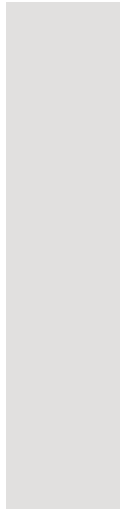
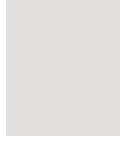
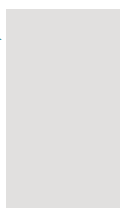

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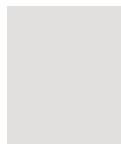
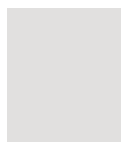




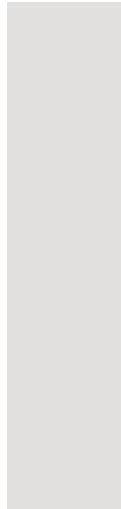
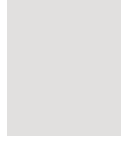
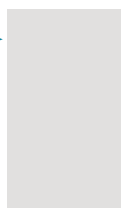

Temps écoulé depuis la dernière crise : 

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Temps écoulé depuis la dernière crise : 

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Temps écoulé depuis la dernière crise : 

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DATE

OBSERVATIONS SUPPLÉMENTAIRES
(rendez-vous vétérinaire, prise de sang, alimentation, etc.)

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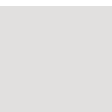
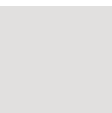








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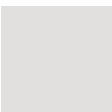
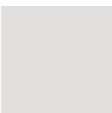
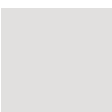




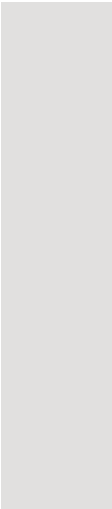
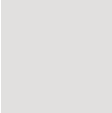
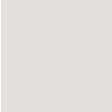
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Date de la crise	Heure de la crise	Durée de la crise	Récupération (Durée)	Circonstance(s), remarques(s)	Traitement(s) en cours	
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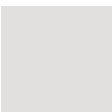
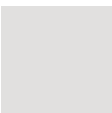
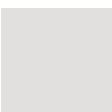




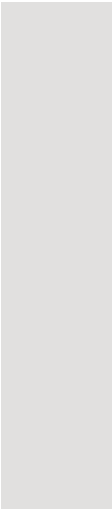
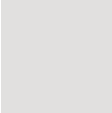
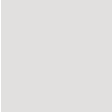
Temps écoulé depuis la dernière crise : 

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Temps écoulé depuis la dernière crise : 

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DATE

OBSERVATIONS SUPPLÉMENTAIRES
(rendez-vous vétérinaire, prise de sang, alimentation, etc.)

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Date de la crise	Heure de la crise	Durée de la crise	Récupération (Durée)	Circonstance(s), remarques(s)	Traitement(s) en cours	
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Temps écoulé depuis la dernière crise : 

Temps écoulé depuis la dernière crise : 

Temps écoulé depuis la dernière crise : 

DATE

OBSERVATIONS SUPPLÉMENTAIRES

(rendez-vous vétérinaire, prise de sang, alimentation, etc.)

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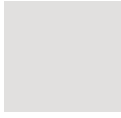
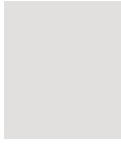
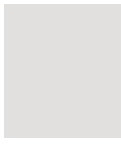




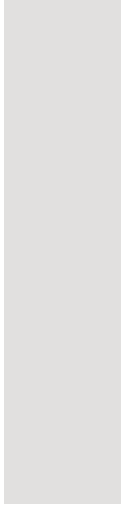
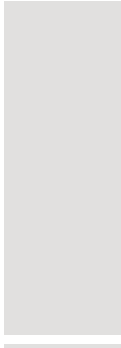
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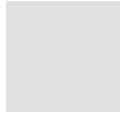
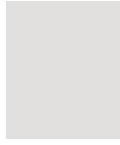
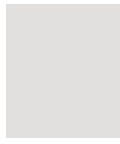




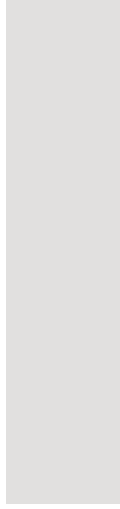
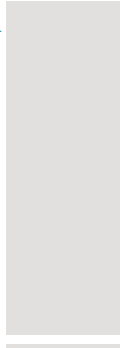
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Date de la crise	Heure de la crise	Durée de la crise	Récupération (Durée)	Circonstance(s), remarques(s)	Traitement(s) en cours	
			<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>← généralisée/partielle →</p> </div> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; gap: 5px;"> <div style="width: 15px; height: 15px; background-color: #4CAF50; border-radius: 50%;"></div> <div style="width: 15px; height: 15px; background-color: #FFC107; border-radius: 50%;"></div> <div style="width: 15px; height: 15px; background-color: #FF5722; border-radius: 50%;"></div> </div> <div style="display: flex; gap: 5px; margin-top: 5px;"> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> </div> </div> </div>			<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 150px;">Temps écoulé depuis la dernière crise :</div> <div style="width: 100px; height: 20px; background-color: #ccc;"></div> </div>
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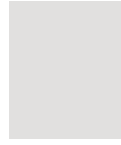
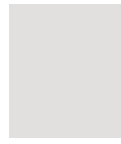




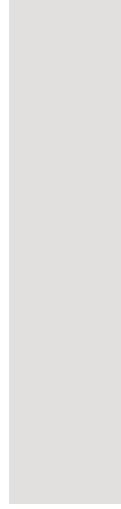
Temps écoulé depuis la dernière crise : 

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DATE

OBSERVATIONS SUPPLÉMENTAIRES
(rendez-vous vétérinaire, prise de sang, alimentation, etc.)

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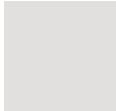
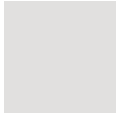
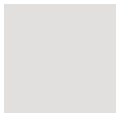




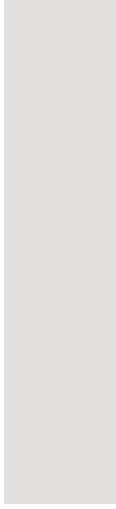
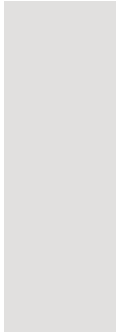
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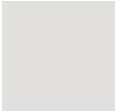
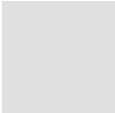
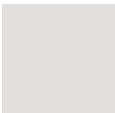




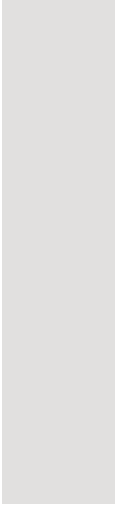
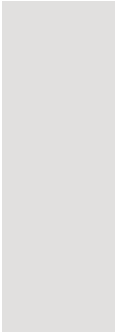
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Date de la crise	Heure de la crise	Durée de la crise	Récupération (Durée)	Circonstance(s), remarques(s)	Traitement(s) en cours
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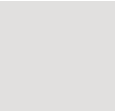
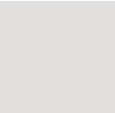
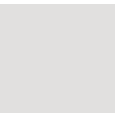






Temps écoulé depuis la dernière crise : 

							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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Temps écoulé depuis la dernière crise : 

							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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Temps écoulé depuis la dernière crise : 

							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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DATE

OBSERVATIONS SUPPLÉMENTAIRES
(rendez-vous vétérinaire, prise de sang, alimentation, etc.)

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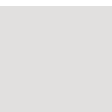

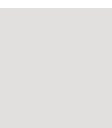




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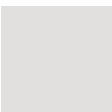
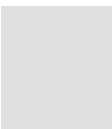
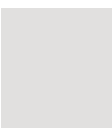




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Date de la crise	Heure de la crise	Durée de la crise	Récupération (Durée)	Circonstance(s), remarques(s)	Traitement(s) en cours	
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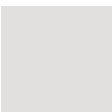
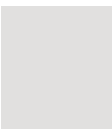
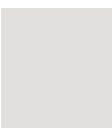




Temps écoulé depuis la dernière crise : 

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Temps écoulé depuis la dernière crise : 

							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Temps écoulé depuis la dernière crise : 

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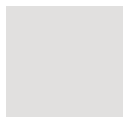
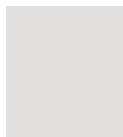
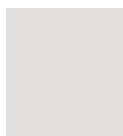




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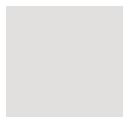
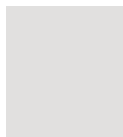
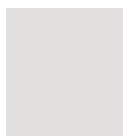




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Date de la crise	Heure de la crise	Durée de la crise	Récupération (Durée)	Circonstance(s), remarques(s)	Traitement(s) en cours
		<p>← généralisée/partielle →</p>			<p>Temps écoulé depuis la dernière crise : ⇄</p>
					<p>Temps écoulé depuis la dernière crise : ⇄</p>
					<p>Temps écoulé depuis la dernière crise : ⇄</p>
					<p>Temps écoulé depuis la dernière crise : ⇄</p>
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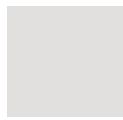
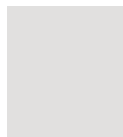
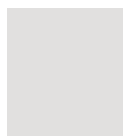




Temps écoulé depuis la dernière crise : 

							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Temps écoulé depuis la dernière crise : 

							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Temps écoulé depuis la dernière crise : 

							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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DATE

OBSERVATIONS SUPPLÉMENTAIRES
(rendez-vous vétérinaire, prise de sang, alimentation, etc.)

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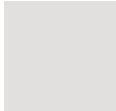
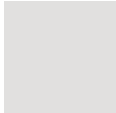
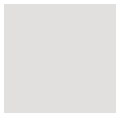




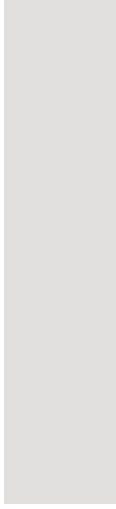
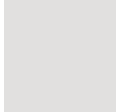
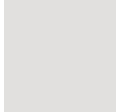

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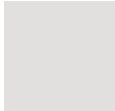
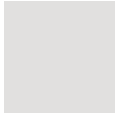
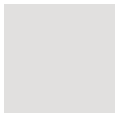



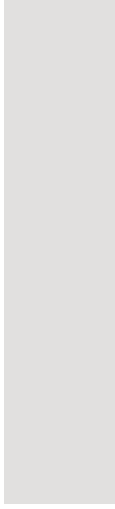
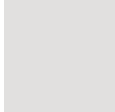
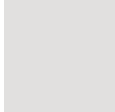

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Date de la crise	Heure de la crise	Durée de la crise	Récupération (Durée)	Circonstance(s), remarques(s)	Traitement(s) en cours
			<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>← généralisée/partielle →</p> </div> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; gap: 5px;"> <div style="width: 15px; height: 15px; background-color: #4CAF50; border-radius: 50%;"></div> <div style="width: 15px; height: 15px; background-color: #FFC107; border-radius: 50%;"></div> <div style="width: 15px; height: 15px; background-color: #FF5722; border-radius: 50%;"></div> </div> <div style="display: flex; gap: 5px; margin-top: 5px;"> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> </div> </div> </div>		
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			<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>← généralisée/partielle →</p> </div> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; gap: 5px;"> <div style="width: 15px; height: 15px; background-color: #4CAF50; border-radius: 50%;"></div> <div style="width: 15px; height: 15px; background-color: #FFC107; border-radius: 50%;"></div> <div style="width: 15px; height: 15px; background-color: #FF5722; border-radius: 50%;"></div> </div> <div style="display: flex; gap: 5px; margin-top: 5px;"> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> </div> </div> </div>		
			<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>← généralisée/partielle →</p> </div> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; gap: 5px;"> <div style="width: 15px; height: 15px; background-color: #4CAF50; border-radius: 50%;"></div> <div style="width: 15px; height: 15px; background-color: #FFC107; border-radius: 50%;"></div> <div style="width: 15px; height: 15px; background-color: #FF5722; border-radius: 50%;"></div> </div> <div style="display: flex; gap: 5px; margin-top: 5px;"> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> </div> </div> </div>		
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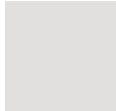
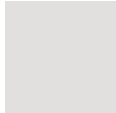
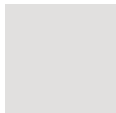




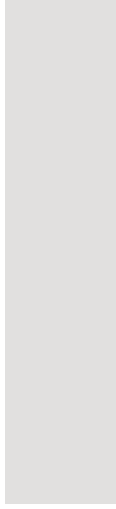
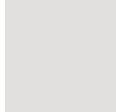
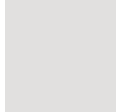

Temps écoulé depuis la dernière crise : 

							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										

Temps écoulé depuis la dernière crise : 

							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										

Temps écoulé depuis la dernière crise : 

							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										

DATE

OBSERVATIONS SUPPLÉMENTAIRES
(rendez-vous vétérinaire, prise de sang, alimentation, etc.)

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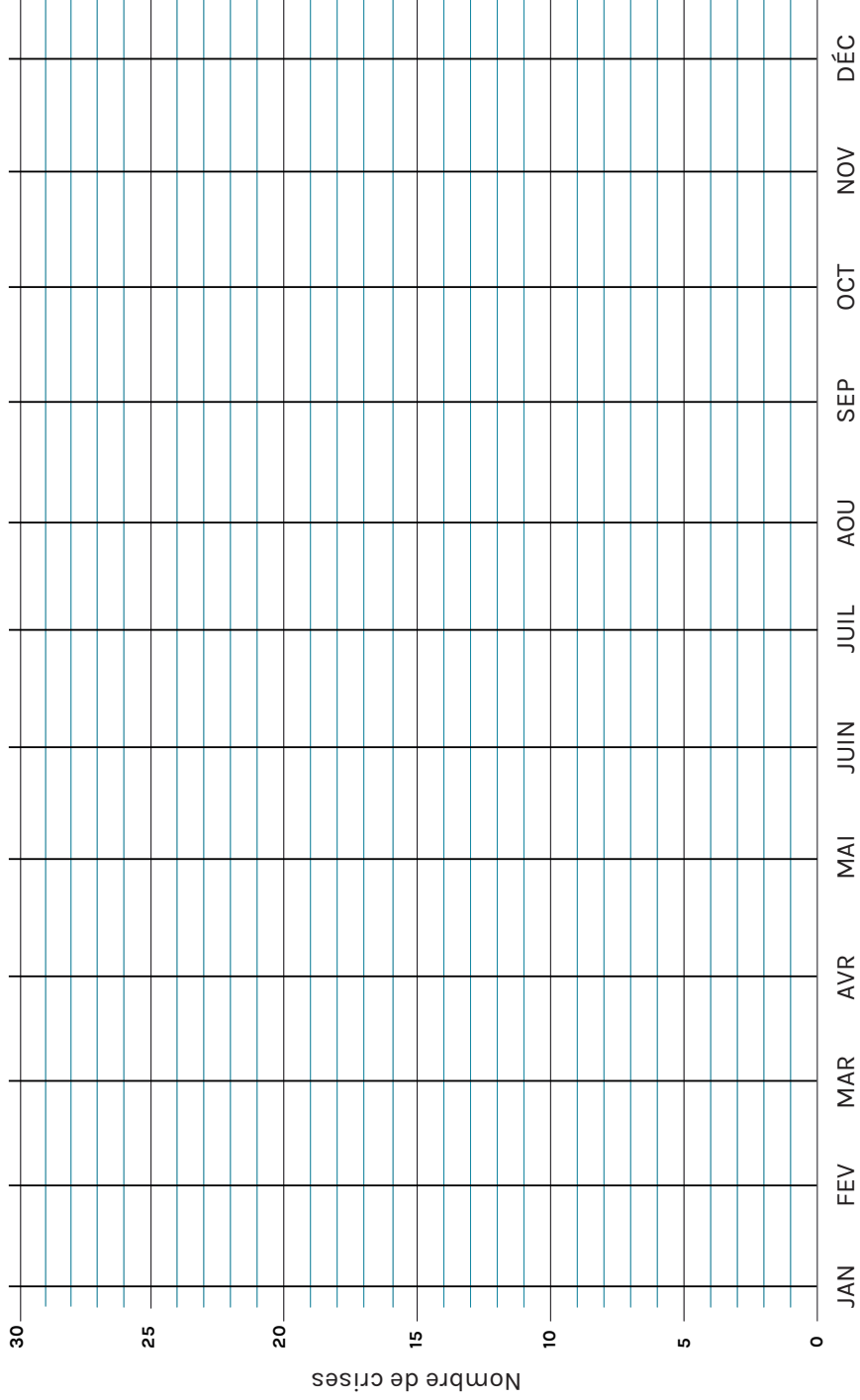
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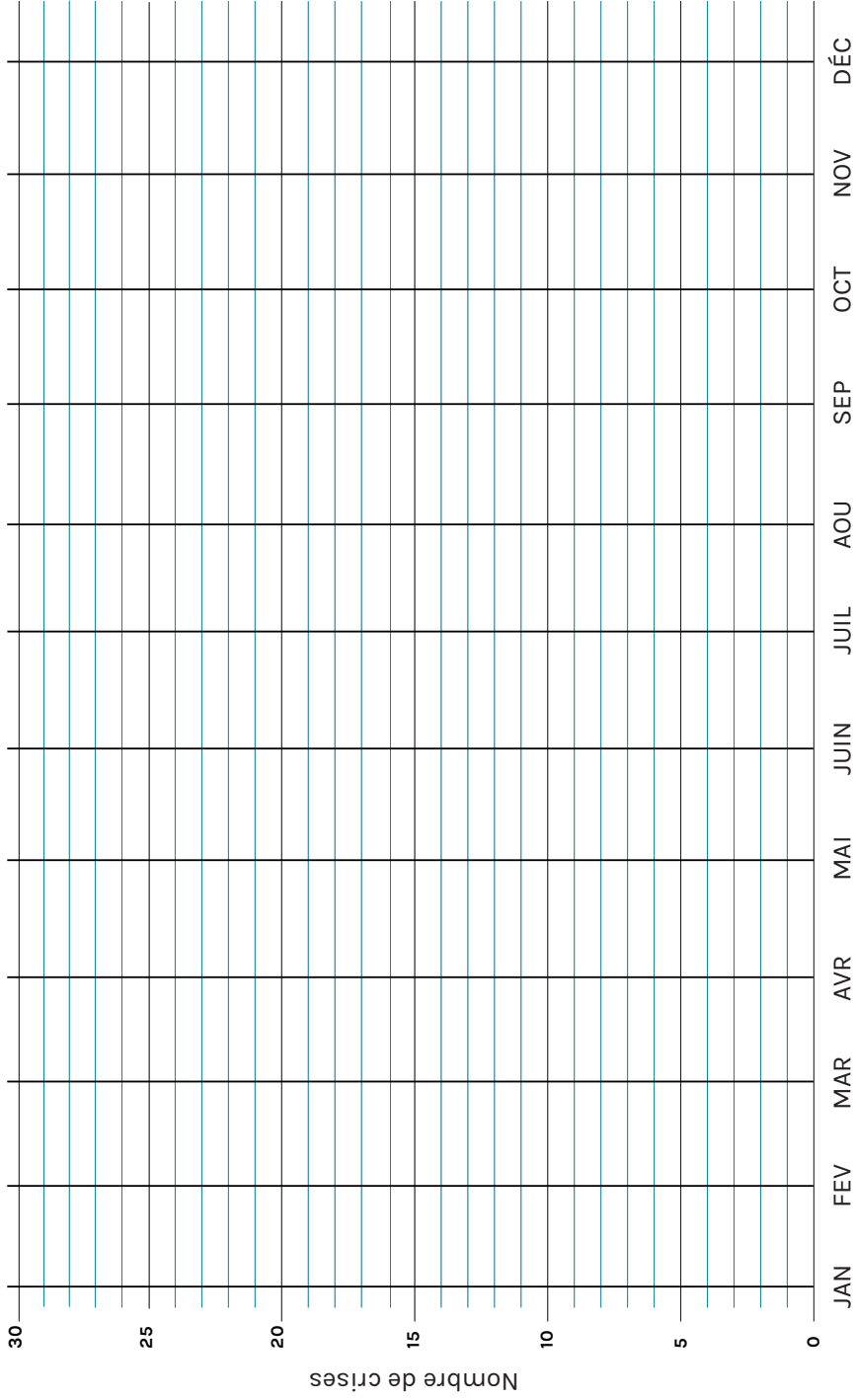
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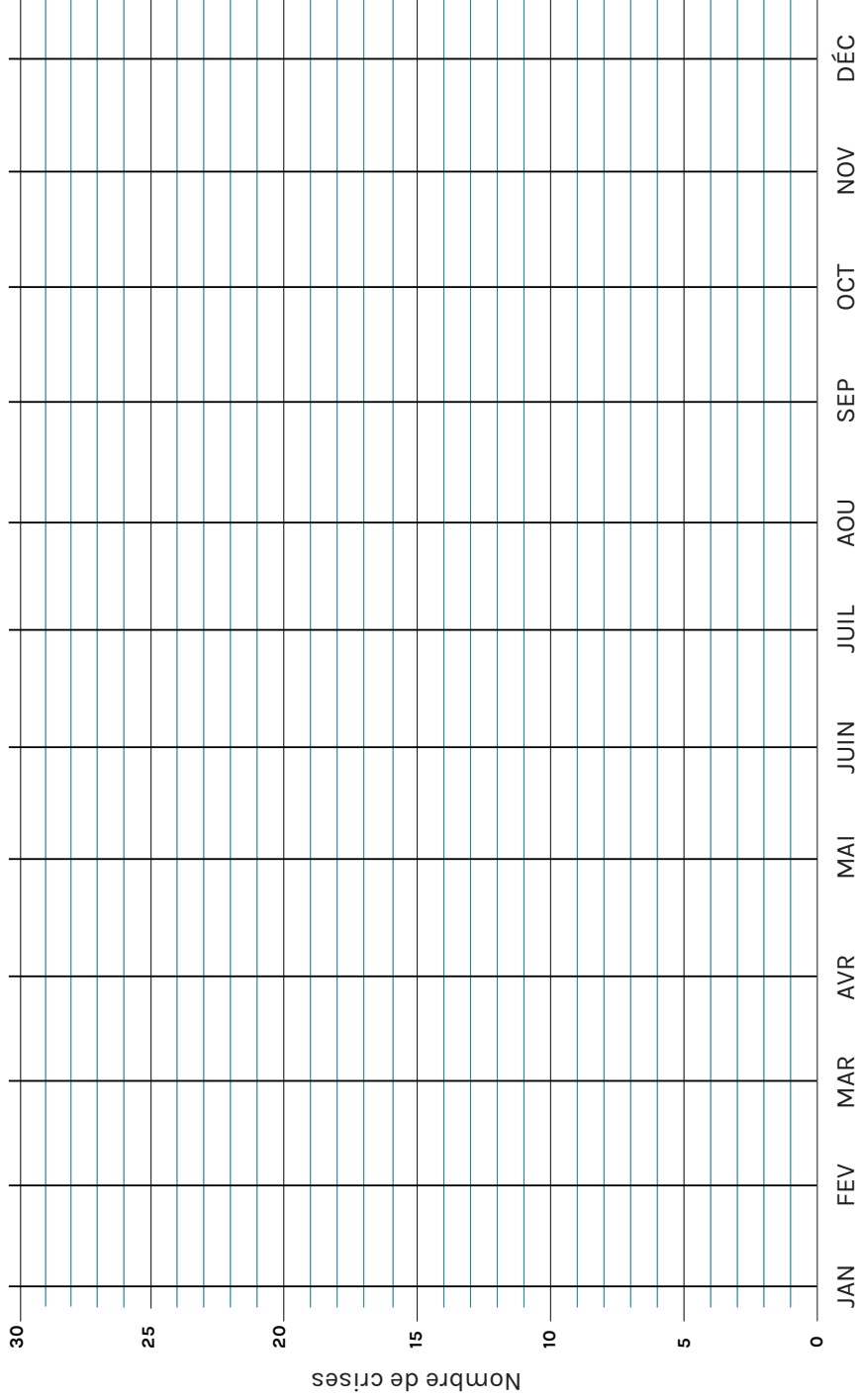
RÉSUMÉ DES CRISES : ANNÉE 20..



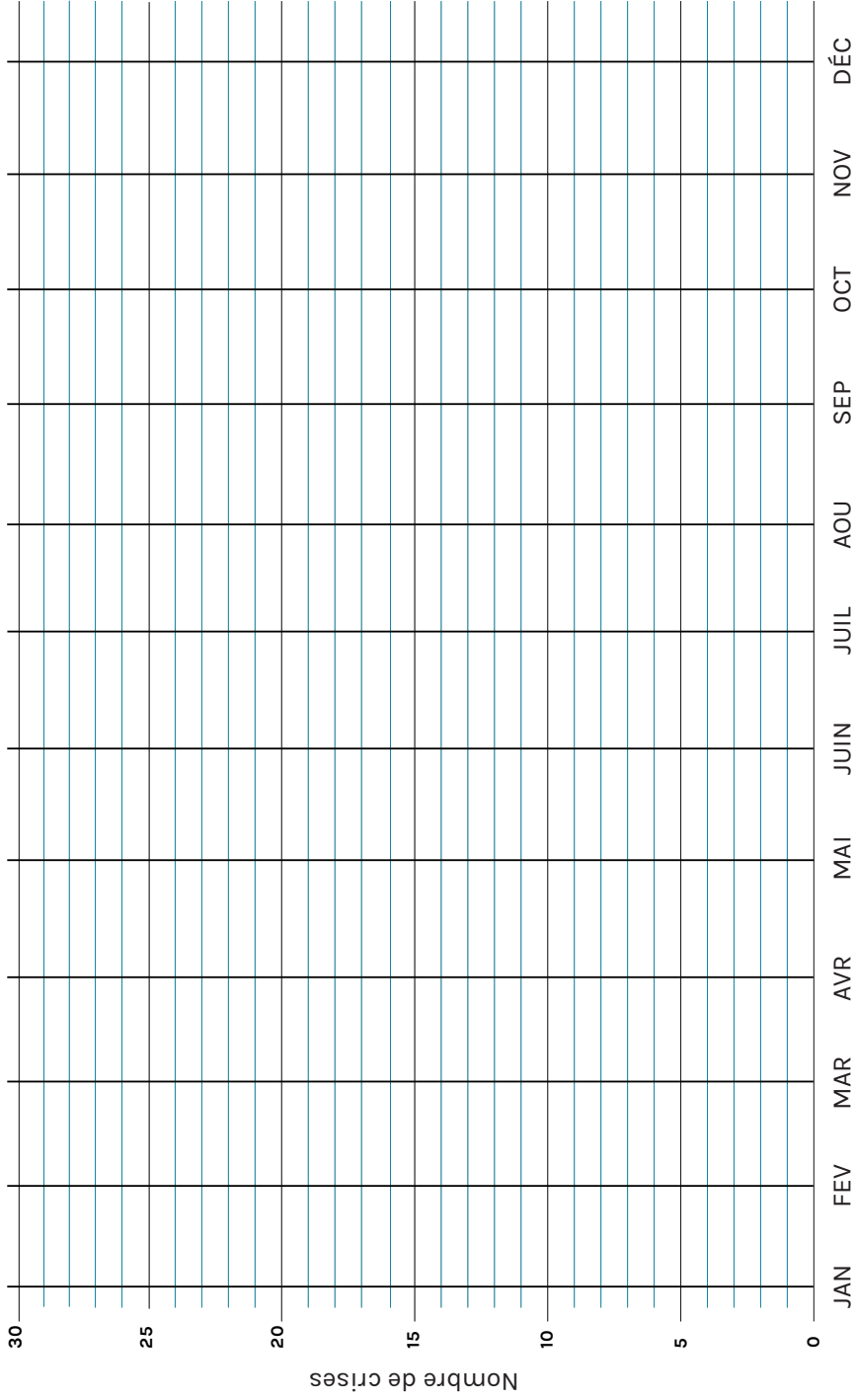
RÉSUMÉ DES CRISES : ANNÉE 20..



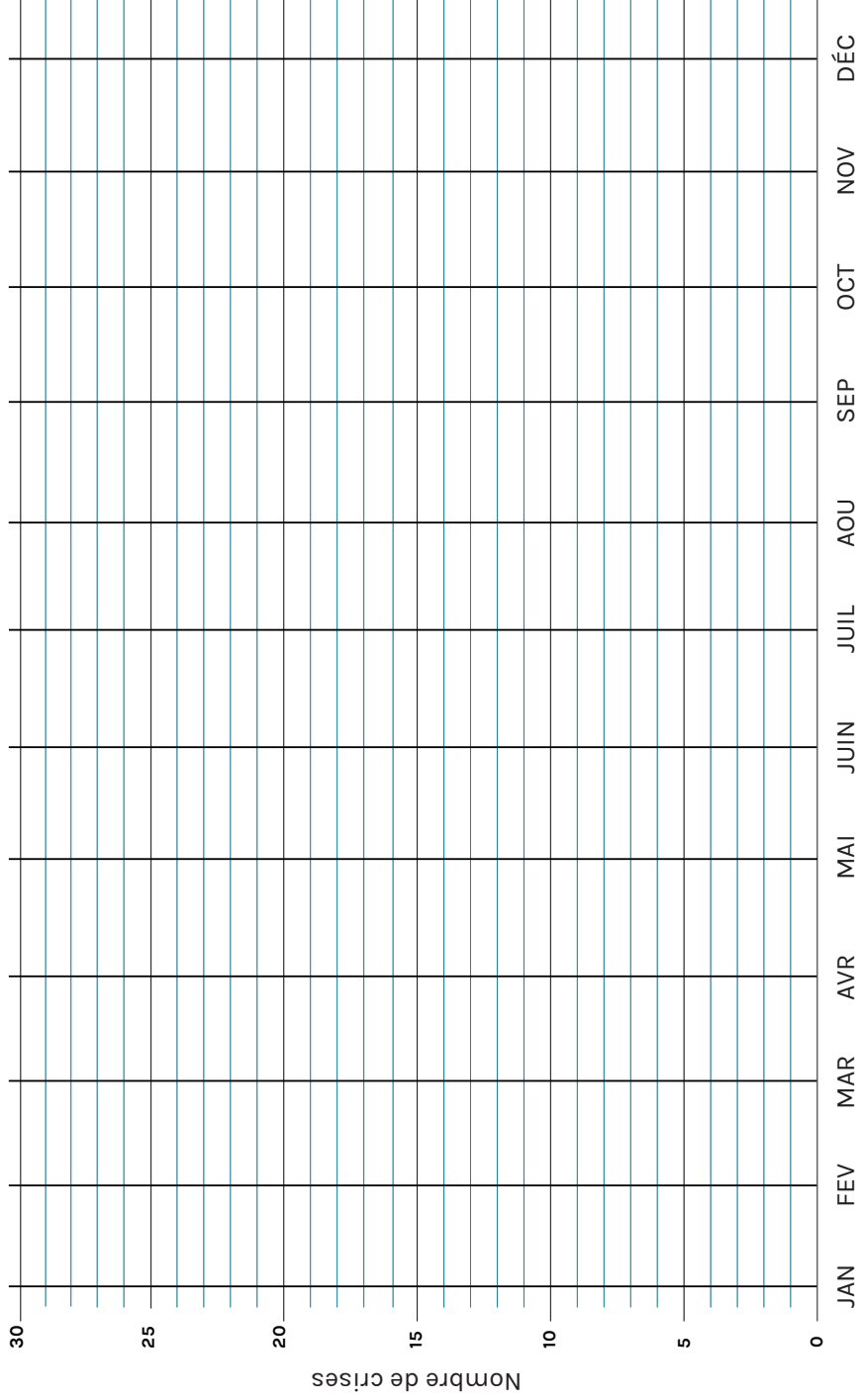
RÉSUMÉ DES CRISES : ANNÉE 20..



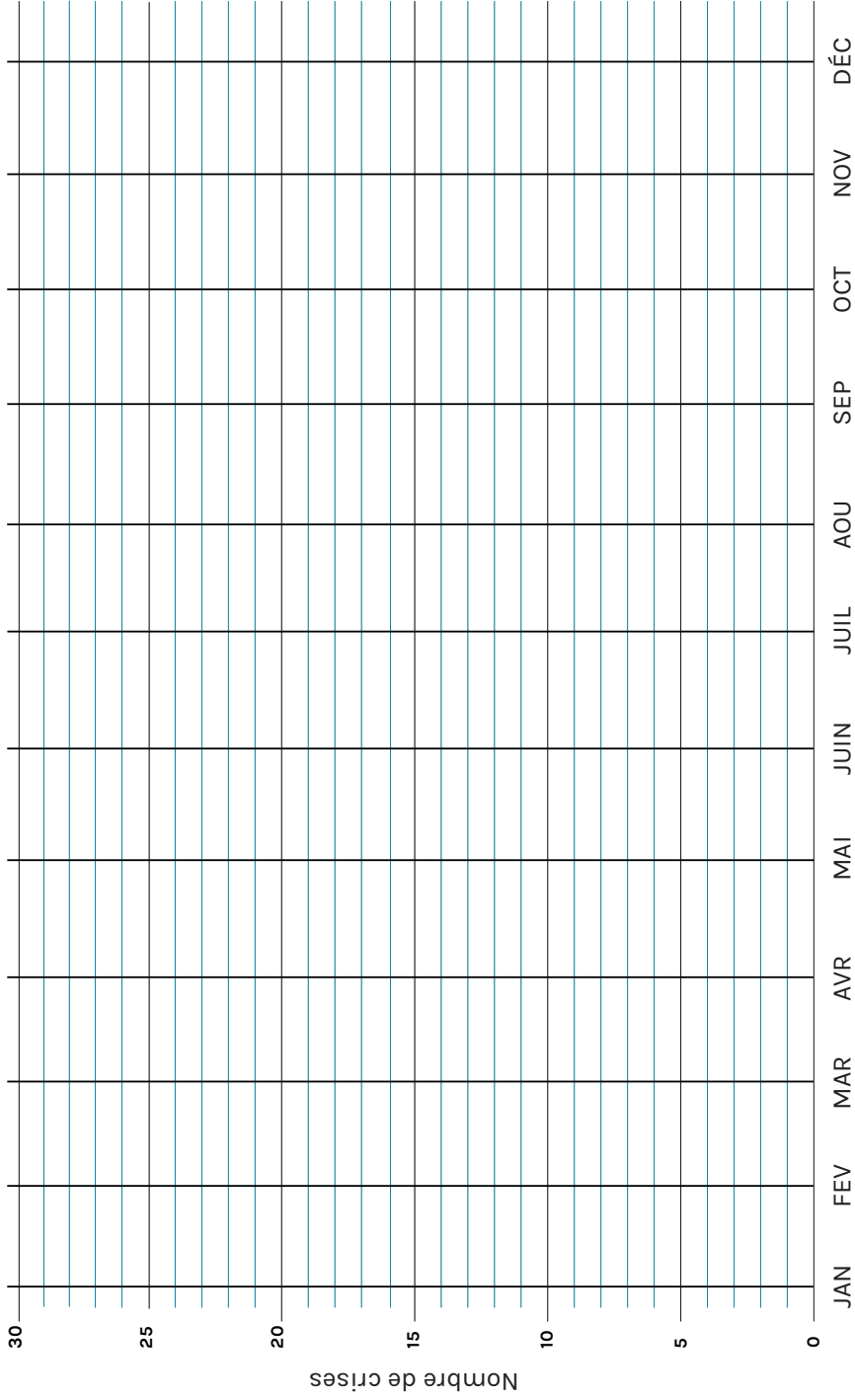
RÉSUMÉ DES CRISES : ANNÉE 20..



RÉSUMÉ DES CRISES : ANNÉE 20..



RÉSUMÉ DES CRISES : ANNÉE 20..



20..

Date

Poids

Date

Poids

20..

Date

20..

Date

Poids

QUE FAIRE PENDANT UNE CRISE ?



GARDER SON CALME

La crise va s'arrêter rapidement et spontanément.
L'animal ne souffre pas.



PROTÉGER

Assurez-vous que l'animal ne peut pas se blesser. Eloignez les enfants et les autres animaux s'il y en a.



SURVEILLER

Si d'autres crises apparaissent et/ou se succèdent très rapidement, contactez au plus vite votre vétérinaire.

