

## Owner Information

Owner Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## Donor Information

Pet's Name: \_\_\_\_\_ Breed(s): \_\_\_\_\_

Sex: M F Spayed/Neutered: Y N Age \_\_\_\_\_ Approx. Date of Birth: \_\_\_\_\_

Current Weight: \_\_\_\_\_ How old was your dog when you obtained him/her? \_\_\_\_\_

Approximate dates of last vaccinations: \_\_\_\_\_

Distemper/Parvo: \_\_\_\_\_ Corona: \_\_\_\_\_ Rabies: \_\_\_\_\_ Other: \_\_\_\_\_

Is your dog currently on:

- Heartworm preventative Y N Approx. date of last heartworm test? \_\_\_\_\_
- Tick/flea preventative? Y N Describe: \_\_\_\_\_

Has your dog had any health problems, even minor ones –in the past or currently? Y N

Please describe: \_\_\_\_\_

What is your dog's current diet? \_\_\_\_\_

Is your dog on any medications (NSAIDs, aspirin, vitamins, herbals, etc.)? \_\_\_\_\_

Has your dog ever received a blood or plasma transfusion? \_\_\_\_\_

Has your dog ever been pregnant? \_\_\_\_\_

Do you travel with your dog? Y N If yes, where? \_\_\_\_\_

Are you comfortable with a 3" area of hair to be clipped from your dog's neck? Y N

## Additional Information To be completed by attending clinician or transfusion technician only

Does the dog meet weight requirements Y N

Does the dog have a readily accessible jugular vein? Y N Comment: \_\_\_\_\_

Is the dog friendly and easy to handle? Y N Comment: \_\_\_\_\_

Do you think the dog would lie still for 10 minutes during donation? Y N

Do you see any problems that would prevent this dog from being a blood donor? Y N

Comments: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

DEA results/assay/date \_\_\_\_\_ Date owner notified \_\_\_\_\_

Infectious agents screening performed/cleared? Y N Date owner notified \_\_\_\_\_