

CANINE BLOOD DONOR APPLICATION FORM

Owner name _____ Best contact number _____

Pet name _____ Breed _____

Sex: M F Spayed/Neutered: Y N Age: _____

Is your dog healthy and happy? _____

Is your dog current on heartworm preventative? Y N

Is your dog current on flea and tick preventative? Y N

Are your dog's vaccinations current for Distemper/Parvo? Y N Rabies? Y N

Is your dog on any medications? (Rimadyl, Carprofen, aspirin, herbals, vitamins etc)?

If yes, describe: _____

Has your dog ever received blood products? _____

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

(Clipping is necessary to properly prepare the area for donation)

In some cases we may need to use a light sedative to keep your animal calm during the donation. This means they may be a little groggy and need to stay with us for a couple of hours after donation. If your dog meets the above criteria and you are interested in helping, please give this form to the receptionist. We will then call you to set up a time for the initial exam and blood draw to see if your dog qualifies to be a donor. Thank you so much for your time and willingness to help! 😊

Signature _____ Date _____