



POTENTIAL CANINE BLOOD DONOR EVALUATION FORM

Owner Information

Owner Name:

Home Address:

City / County/Post Code:

Home Telephone:

Alternate Phone:

E-mail address:

Donor Information

Pet's Name:

Breed(s):

Sex: M F Spayed/Neutered: Y N

Age:

Approximate 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:

• Heartwormpreventative? Y N Approx. date of last heartworm test?

• Ticks/fleas 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?



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

Are you comfortable with a small 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 typing result _____

Infectious agents screening performed/cleared? Y N

Date owner notified _____