



POTENTIAL FELINE 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 cat when you obtained him/her?

Approximate dates of last vaccinations:

Herpes/Calici/Panleuk vaccines:

FeLV:

Rabies: Other:

Is your cat currently on:

• Heartworm preventative? Y N Approx. date of last heartworm test?

• Ticks/fleas preventative? Y N Describe:

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

Please describe:

Does your cat have outdoors access? Y N

Is your cat on any medications (NSAIDs, aspirin, vitamins, herbals, etc.)?

Has your cat ever received a blood or plasma transfusion?



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Has your cat ever been pregnant?

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

Are you comfortable with a small area of hair to be clipped from your cat's neck? Y N

Clipping is a necessary procedure to aseptically prepare the area for venipuncture.

Are you comfortable with sedation and/or anesthesia of your cat? Y N

This is a necessary procedure prior to blood collection in donor cats.

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

Does the cat meet weight requirements? Y N

Does the cat have a readily accessible jugular vein? Y N Comment:

Is the cat friendly and easy to handle? Y N Comment:

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

Comments:

Signature _____ Date _____

Blood typing result _____

Infectious agents screening performed/cleared? Y N

Date owner notified _____