

Animal Emergency & Treatment Center  
Blood Donor Initial Screening Form- Canine

Date: \_\_\_\_\_ Client Number: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Species: CANINE Breed: \_\_\_\_\_

Color/Markings: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Female/Spayed Male/Neutered

Referring Veterinarian: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

Are you available for emergency donations? Yes/No Times available: \_\_\_\_\_

Last Vaccination Date: Distemper/Parvo: \_\_\_\_\_ Rabies: 1 yr/ 3yr \_\_\_\_\_

Bordatella: \_\_\_\_\_ Lyme: \_\_\_\_\_

Flea/Tick Preventative: \_\_\_\_\_ Heartworm Medication: \_\_\_\_\_

Deworming: \_\_\_\_\_ Last Fecal Exam: \_\_\_\_\_

Previous Breeding Activity? Yes/No

Received Blood Products? Yes/No

Previous Medical Problems/Surgery? \_\_\_\_\_

Recent Illnesses? \_\_\_\_\_

Recent Vomiting? Y/N Diarrhea? Y/N Coughing? Y/N Sneezing? Y/N

Current Medications \_\_\_\_\_

Recent Travel Over 60 Miles/Boarding? \_\_\_\_\_

The above information is accurate to the best of my knowledge. I have been informed and understand the terms of participation in the Animal Emergency & Treatment Center Blood Donor Program and give my full consent for my dog to become an active donor. I understand a commitment of at least four donations per year is required to participate in the blood donor program.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for allowing your pet to be a canine blood donor.

