

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

Date: _____ Client Number: _____

Owner's Name: _____ Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Pet's Name: _____ Species: FELINE 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: FVRCP _____ Rabies: _____ FELV: _____ FIP: _____

Flea/Tick Preventative: _____ Deworming: _____ Last Fecal Exam: _____

Previous Breeding Activity? Yes/No Received Blood Products? Yes/No

Previous Medical Problems/Surgery? _____

Any Recent Illnesses? _____

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

Indoor or Outdoor? _____ 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 cat to become an active donor. I understand that a minimum of 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 feline blood donor.