



## VMC Blood Donor Registration Form

OWNER INFORMATION <i>(Please print)</i>					
Name					
Address					
City		State		Zip Code	
Home Phone		Work Phone		Cell Phone	
Email			Veterinary Clinic		
Which of the telephone numbers listed above is the best to reach you?					
Are you available to have your pet donate blood anytime or on a limited basis?					
If limited, please list the times you are available					
Where did you hear about our blood donor program?					

DONOR INFORMATION <i>(Please print)</i>								
Pet's Name				Date of Birth				
Breed		Weight		Sex	<b>F</b>	<b>F/S</b>	<b>M</b>	<b>M/N</b>
Color/ Markings								
What food are you currently feeding your pet?								
Where did you obtain your pet? (e.g.: Breeder, shelter, pet store, etc.)								
If you are not your pet's first owner, do you know your pet's previous history? Please provide any details:								
Do you travel with your pet? <b>Y / N</b> If so, where?								
Please describe your pet's temperament:								
Does your pet have any food allergies/aversions? If yes, please list:								

## VACCINATION DATES

Please provide a copy of your pet's vaccination record from your veterinarian. If any of the vaccinations your pet receives are administered by someone other than your veterinarian, you will need to provide the following information regarding the vaccination: name of manufacturer, serial/ lot number of vaccine and expiration date, how the vaccine was administered (IM, SQ, IN), date vaccine was administered, initials and name of the person who administered the vaccine, and how often the vaccine is being administered.

CANINE	Date vaccine is due	Are you using flea/tick prevention? If yes, what kind?
Rabies		
DHPP		
Leptospirosis		
Lyme Disease (optional)		
Bordetella (optional)		
TEST NAME	Date of test and Results	Seasonal or year-round?
Heartworm test		
Fecal test		
What type of heartworm preventative are you using?		
Seasonal or year-round?		

## MEDICAL HISTORY

Has your dog or cat been diagnosed with any of the medical conditions listed below?	YES	NO
Anemia, cancer, or other bleeding disorders		
Liver, kidney, or other organ disease		
Diabetes or other metabolic disease		
Seizures or other neurological disease		
Blood-borne parasites such as Ehrlichia, Babesia, or Borellia/Lyme Disease		
Surgery or hospitalization other than spay, neuter or dental		
Behavioral problems or aggressiveness		
Any unexplained fever or illness since his or her last blood donation (health checkup)		
Ever tested positive for heartworm		
Currently on any other medication besides heartworm or flea/tick preventative, including OTCs		
Ever received any blood products (e.g: whole blood, plasma, packed red cells, or platelets)		
Has your pet ever been used for breeding purposes (i.e.; stud male or breeding female)		
Has your pet ever been pregnant		
<b>If you have answered yes to any of the above questions, please provide us with a complete copy of your pet's medical records.</b>		