



Blood donor enrollment form

Donor ID number:

Last name	First name	Middle I	Home Phone		Date	Time	
Street address			Work Phone		Regular clinic		
City	State		Zip		Place of Employment		
Pet Name	Species	Breed	Sex	Altered? Y/N	Age	Color	Vaccinations

- | | | |
|---|---|---|
| 1. Is your dog greater than 55 pounds? | Y | N |
| 2. Is your dog between the age of 2 and 6? | Y | N |
| 3. Does your dog have a temperament to lie on his side for 5 minutes? | Y | N |
| 4. Is your dog on any medication? What are they? _____ | Y | N |
| 5. Is your dog current on vaccines? | Y | N |
| 6. Have you had your dog since puppy hood? | Y | N |
| 7. May we contact your regular veterinarian for a copy of your animal's records? | Y | N |
| 8. Will you keep your dog current on all routine immunizations? | Y | N |
| 9. Will you bring in a fecal sample for examination every 6 months? | Y | N |
| 10. Will you bring your dog in once per year for routine blood analysis? | Y | N |
| 11. Will you maintain your dog on heartworm preventative medication year round?
(We will provide the preventative) | Y | N |
| 12. Will you bring your dog for donation of blood atleast every 3 months | Y | N |
| 13. Has your dog ever had a litter of puppies or a blood transfusion? | Y | N |

If you answered 'No' to any question (except the questions 4 and 13) your dog may not be eligible to donate blood. Please let us know of any extenuating circumstances.

On the, hopefully rare, occasion we use all the blood collected for a given month, will you be willing to receive a phone call and bring your dog in for an emergency donation should the need arise? This will hopefully not happen, but sometimes many dogs may need blood on the same day. Y N

What time is unacceptable to call? (Please take work schedule and sleep time into consideration)

8a-6p 6p-10p 10p-2a 2a-8a Anytime Day or Night is acceptable

How did you hear of our program? _____