



Feline Blood Donor Eligibility Questionnaire



Thank you for your interest in joining our volunteer blood donor program. *Your cat can save lives!*

In order to determine if your cat is an eligible blood donor, please provide the following information:

Owner Name: _____

Phone: _____

Email: _____

Cat's Name: _____

Today's Date

Check
Yes or No

Explain

- | | | | |
|---|---|---|---------------------|
| <input type="checkbox"/> Is your cat between the age of 1-8 years old? | Y | N | _____ |
| <input type="checkbox"/> What breed is your cat? Domestic Short-hair Domestic Long-Hair Other: _____ | | | |
| <input type="checkbox"/> Does your cat weigh more than 10lbs? | Y | N | Cat's weight: _____ |
| <input type="checkbox"/> Are you willing to drop your cat off for a few hours at our hospital for a donation? | Y | N | _____ |
| <input type="checkbox"/> Is your cat kept indoors? | Y | N | _____ |
| <input type="checkbox"/> Do you give your cat flea/tick prevention year-round? | Y | N | _____ |
| <input type="checkbox"/> If the response is no, are you willing to give these preventatives year round? | Y | N | _____ |
| <input type="checkbox"/> Is your cat current on the rabies vaccine? | Y | N | _____ |
| <input type="checkbox"/> If your cat current on feline rhinotracheitis, calicivirus, and panleukopenia vaccine? | Y | N | _____ |
| <input type="checkbox"/> Is your cat on any medications including anti-inflammatories, aspirin, vitamins, herbals? | Y | N | _____ |
| <input type="checkbox"/> Has your cat ever received a blood or plasma transfusion? | Y | N | _____ |
| <input type="checkbox"/> Has your cat ever been pregnant? | Y | N | _____ |
| <input type="checkbox"/> Does your cat have any health problems? | Y | N | _____ |
| <input type="checkbox"/> Has your cat or any parent/sibling had a bleeding problem? | Y | N | _____ |
| <input type="checkbox"/> Does your cat have an agreeable personality around strangers? | Y | N | _____ |
| <input type="checkbox"/> Are you comfortable with your cat receiving a brief sedation for the blood draw, if needed? | Y | N | _____ |
| <input type="checkbox"/> Are you comfortable with having a small area of hair clipped from your cat's neck for each blood draw? | Y | N | _____ |
| <input type="checkbox"/> Are you comfortable with your cat's photo being posted online or in our office as a blood donor hero? | Y | N | _____ |