



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

+ Is your cat between the age of 1-8 years old? Y N _____

+ What breed is your cat? Domestic Short-hair Domestic Long-Hair | Other: _____

+ Does your cat weigh more than 10lbs? Y N Cat's weight: _____

+ Are you willing to drop your cat off for a few hours at our hospital for a donation? Y N _____

+ Is your cat kept indoors? Y N _____

+ Do you give your cat flea/tick prevention year-round? Y N _____

+ If the response is no, are you willing to give these preventatives year round? Y N _____

+ Is your cat current on the rabies vaccine? Y N _____

+ If your cat current on feline rhinotracheitis, calicivirus, and panleukopenia vaccine? Y N _____

+ Is your cat on any medications including anti-inflammatories, aspirin, vitamins, herbals? Y N _____

+ Has your cat ever received a blood or plasma transfusion? Y N _____

+ Has your cat ever been pregnant? Y N _____

+ Does your cat have any health problems? Y N _____

+ Has your cat or any parent/sibling had a bleeding problem? Y N _____

+ Does your cat have an agreeable personality around strangers? Y N _____

+ Are you comfortable with your cat receiving a brief sedation for the blood draw, if needed? Y N _____

+ Are you comfortable with having a small area of hair clipped from your cat's neck for each blood draw? Y N _____

+ Are you comfortable with your cat's photo being posted online or in our office as a blood donor hero? Y N _____