



Canine Blood Donor Eligibility Questionnaire



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

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

Owner Name: _____

Phone: _____

Email: _____

Dog's Name: _____

Today's Date

Check
Yes or No Explain

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

+ What breed is your dog? Mixed | Other: _____

+ Does your dog weigh more than 35lbs? Y N Dog's weight: _____

+ Is your dog given heartworm and flea and tick prevention year-round? Y N _____

+ If not, are you willing to give these preventatives year round? Y N _____

+ Is your dog current on the rabies, distemper, and parvovirus vaccines? Y N _____

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

+ Has your dog ever tested positive for a tick borne illness? If so, what and when did they receive treatment? Y N _____

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

+ Has your dog ever been pregnant? Y N _____

+ Are you aware of any health problems in your dog? Y N _____

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

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

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

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

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