



The medical center
you trust, open 24/7

NEWTON VETERINARY HOSPITAL



BLOOD DONOR REGISTRATION FORM



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Owner Information (Please Print)

Date: _____

Primary Contact for Donor: _____ (Owner's Name)

Address: _____

City / State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Donor Information (Please Print)

Pet's Name: _____ Species: _____ Breed: _____

Sex: Male Intact Male Neutered Female Intact Female Spayed Weight: _____

Date of Birth: _____ Origin (if outside of NJ): _____

Unique identifying features (i.e. tattoo, markings, color): _____

Questionnaire	Yes	No
Does your pet meet <i>all</i> the requirements (listed on the back) to be a blood donor?		
Is your pet on monthly heartworm preventative all year long?		
Is your pet currently healthy?		
Have you owned your pet since puppy hood?		
Has your pet ever been bred or had a litter of puppies/kittens?		
Is your pet on any medication other than heartworm preventative?		
Has your pet ever received a blood transfusion?		
Has your pet ever been diagnosed with or treated for any illness?		
• Bleeding disorder		
• Liver disease, Kidney disease, or Heart disease		
• Diabetes / Cushing's / Thyroid		
• Seizure / Epilepsy		
• Dental disease		
• Skin disease		
Has your pet ever been aggressive toward a person or other animal?		

I certify that the historical information that is provided above is correct to the best of my knowledge.

Signature _____ Date _____

Donor Requirements and Information

- ◆ Must be in good health
- ◆ Up to date on all vaccines
- ◆ Well tempered, able to withstand restraint
- ◆ Age 1-8 years old
- ◆ Spayed/Neutered
- ◆ No other medication other than parasite prevention

Feline Donors: must be at least 8 lbs and INDOOR ONLY

Canine Donors: must be at least 50 lbs and on monthly heartworm preventative

All interested parties will bring their pet in on a scheduled date to have blood drawn.

- Cats will have blood pulled for typing and screening on the same visit. This will include a Superchem, CBC, T4, FIV/FeLV, Toxoplasmosis, Hemobartonellosis, FIP Specific Elisa, and blood type.
- Dogs will have blood pulled for typing on the first visit. The blood will be sent to Midwest Animal Blood Services to be typed. If the blood type is a match as a potential donor, a second appointment will be made for a blood donation and additional screening. This will include Superchem, CBC, and T4, Babesiosis, Brucellosis, vWF (only if high risk or otherwise suspected), Heartworm, Lyme, Ehrlichiosis, and Anaplasmosis.

Participation Agreement

- I authorized Newton Veterinary Hospital to enroll my pet in the volunteer Blood Bank Program. Pets whose physical examination or blood test results reveal a need for medical treatment will be referred to their primary veterinarian for review, consultation, and treatment.
- I understand that my pet will be required to donate blood a minimum of four times, but no more than eleven times, in the next twelve months. (A healthy animal may safely donate every 30 days.)
- I recognize that my pet will have an area clipped of fur and blood drawn from the jugular vein and that an experienced technician will perform the phlebotomy.
- I understand that my pet may need to be called in for a life-saving emergency donation if absolutely necessary. I recognize that Newton Veterinary Hospital is open 24 hours a day, 7 days a week, 365 days a year, and that my pet may be called in at any hour of the day or night.
- I agree to keep up with my pet's yearly exams, vaccines, and monthly heartworm preventative. I understand that information about the health and well-being of my pet is important not only to my pet, but to the potential patients who may receive his/her blood. I will notify the Blood Bank Program immediately if any health concerns or problems arise.
- I authorize the use of sedation on my pet, under the guidance and care of a veterinarian, if necessary, to complete the blood donation.

The Newton Veterinary Hospital Blood Bank Program, and countless patients, are grateful for your interest and participation in this volunteer program. Pets that qualify as blood donors will receive...

- A free bag or case of food sponsored by Hill's Science Diet or Iams/Eukanuba per donation
- A free unit of blood for each unit donated for the life of your pet if they should ever need it
- Free annual blood screen for as long as they are in the program

(Preferred Diet) _____

Signature of Owner

Date

For Office Use Only

Donor Approved

Donor Not Approved (Reason) _____



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Health Assessment / Temperament Analysis

(To be completed by primary veterinarian)

Patient Name: _____ Client Name: _____

Physical Exam:

Body Condition: _____ Weight: _____ Neuro: _____

Teeth/Gums: _____ CRT/mm color: _____ EENT: _____

Heart: _____ Lungs: _____ Abdomen: _____

Vaccinations:

Date:

Rabies 1yr / 3yr _____ (most recent)

DH(L)PP 1yr / 3yr _____ (most recent)

Other (specify) _____ (most recent)

Other (specify) _____ (most recent)

Temperament: _____

General Health Status: _____

In my opinion the above animal is a candidate for blood donation based on its disposition, ease of control and general physical examination.

_____ DVM / VMD

Clinic: _____

Date: _____

Address: _____

Phone: _____

Fax: _____

Email: _____