

SylvaniaVET Blood Donor Interest Form

Owner Information

Owner Name: _____

Home Address: _____

City / State / Zip: _____

Home Telephone: _____ Alternate Phone: _____

E-mail address: _____

Do you plan to remain in the Northwest Ohio area for at least the next 2 years? Y N How long? _____
(We require all donor families to commit to the donor program for at least 2 years.)

Donor Information

Pet's Name: _____ Breed(s): _____

Sex: M F Spayed/Neutered: Y N Current Age/DOB: _____

Current Weight: _____ How old was your dog when you got him/her? _____

Is your dog current on his/her vaccinations: Y N Approximate date of last vaccinations: _____

Is your dog currently on heartworm preventive? Y N Approx. date of last heartworm test? _____

Is your pet on flea or tick preventive? Y N What kind? _____

Has your dog had any health problems, even minor ones – in the past or currently?

Please describe: _____

What is your dog's current diet? _____

Is your dog on any medications? Y N Please list: _____

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

Has your dog ever been pregnant? Y N

Who is your pets' current veterinarian? _____

May we call them to verify health history? _____

Do you travel with your dog? Y N If yes, where? _____

Are you comfortable with a 3" area of hair to be clipped from your dog's neck? Y N

Clipping hair is a necessary procedure to aseptically prepare the area for blood donations.

Please send completed forms via email to: laura@sylvaniavet.com or via mail to SylvaniaVET,
ATTN: Blood Donor Team, 4801 Holland-Sylvania Road, Sylvania, Ohio 43560 or fax to: 419-885-4421

Canine Blood Donor Evaluation Form —To be completed by blood bank technician only

Does the dog meet weight requirements (min 35#)? Y N

Does the dog have a readily accessible jugular vein? Y N Comment: _____

Is the dog friendly and easy to handle? Y N Comment: _____

Do you think the dog would lie still for 10 minutes during donation? Y N

Do you see any problems that would prevent this dog from being a blood donor? Y N

Comments: _____

Signature: _____ Date _____

DEA results/assay/date: _____ Date owner notified: _____