

# Every donor is a hero.

## Feline Blood Donor History Form.

### Client information.

Client's name \_\_\_\_\_

Address \_\_\_\_\_ Apt./unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Primary phone \_\_\_\_\_ Secondary phone \_\_\_\_\_

Email address \_\_\_\_\_

What is your preferred method of contact? Email Phone

How did you hear about the BluePearl Pet Blood Bank? \_\_\_\_\_

### Donor information.

Pet's name \_\_\_\_\_ Date of birth (must be 1-8 years old) \_\_\_\_\_

Breed(s) \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_ lbs

Sex Female Male Spayed or neutered Yes No

Primary veterinarian \_\_\_\_\_

When are the dates of your pet's last vaccines?

Rabies \_\_\_\_\_

FVRCP \_\_\_\_\_

Other \_\_\_\_\_

When was the FeLV/FIV test performed? \_\_\_\_\_

When was the fecal test performed? \_\_\_\_\_

What is your pet's current diet? \_\_\_\_\_

Please list any other pets in the household. \_\_\_\_\_

\_\_\_\_\_

Is your pet in good general health? Yes No

Is your pet currently taking any medications? Yes No

If yes, what? Please include supplements. \_\_\_\_\_

**Is your pet currently taking heartworm and flea and tick preventative year-round?**      Yes      No

Heartworm \_\_\_\_\_

Flea and tick \_\_\_\_\_

**Is your pet comfortable being handled by strangers and able to stay calm for a period of time?**      Yes      No

**Is your pet live indoors only?**      Yes      No

Please describe temperament. \_\_\_\_\_

**Has your pet traveled with you?**      Yes      No

If yes, where? \_\_\_\_\_

**Has your pet previously received a blood or plasma transfusion?**      Yes      No

**Has your pet had surgery or been hospitalized other than spay, neuter or dental?**      Yes      No

If yes, please describe. \_\_\_\_\_

**Please select any and all of the following medical conditions that your pet been diagnosed with.**

- Anemia, cancer or other blood or bleeding disorders
- Behavioral problems or aggressiveness
- Bloodborne parasites such as Ehrlichia, Bartonella, Anaplasma or Mycoplasma
- Dermatology related issues including allergies
- Diabetes or other metabolic disease
- Heart condition including murmur
- Liver, kidney or other organ disease
- Seizures or other neurological disease
- Tested positive for FeLV or FIV
- Tested positive for heartworm
- Unexplained fever or illness since your pet's last health check-up
- Other \_\_\_\_\_

My pet has not been diagnosed with any of the above medical conditions.

**Are you willing to commit to at least four visits a year for your pet to provide donations?**      Yes      No

**Are you comfortable with a 2-4" area of hair to be clipped off your pet's neck each donation?**      Yes      No

**Are you comfortable with sedation and/or anesthesia for your pet's donation?**      Yes      No

**Are you available to have your pet donate blood anytime?**      Yes      No

If no, please list your availability. \_\_\_\_\_

**Once you have completed this form, save it to your computer and email it to the address of your local BluePearl Pet Blood Bank found on the previous page. You will be contacted once the form has been reviewed. Thank you.**