

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, email it to your local BluePearl Blood Bank below. Forms may also be mailed or dropped off at your local BluePearl Pet Hospital. You will be contacted once the form has been reviewed. Thank you.