



ACCES BLOOD BANK
 11536 Lake City Way NE
 Seattle, WA 98125
 Phone: 206-364-1660 Fax: 206-364-3667
 www.criticalcarevets.com
 blood@criticalcarevets.com

In-house type
 Full type
 Complete blood

VOLUNTEER CANINE BLOOD DONOR FORM
Owner Information

Owner(s) Name _____ Date _____
 Home Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Work Phone _____ Email Address _____
 May we call you at work if needed? Yes No Which # is best to use? _____
 Regular Veterinary Clinic _____
 How did you hear about the Blood Bank? _____
 Can we use your dog's picture in Blood Bank related media? _____

Pet Information

Dog's Name _____ Breed _____
 Weight _____ Sex _____ Spayed/Neutered? YES NO Color _____
 Birthday: Month _____ Year _____ Age: _____
 When was your dog's last vaccination? _____
 Has your dog been vaccinated for Lymes Disease? YES NO
 Is your dog currently on Heartworm Preventative? YES NO
 Has your dog ever been used for breeding? YES NO
 Has your dog ever traveled or lived outside of Puget Sound? YES NO
 If yes, where? _____
 Have you owned your dog since it was a puppy? YES NO
 Does your dog have ANY medical problems? YES NO
 If yes, what problems? _____
 Has your dog ever collapsed or had a seizure? YES NO
 Has your dog ever had any surgeries other than being spayed or neutered? YES NO
 Has your dog ever been diagnosed with a heart murmur? YES NO
 Is your dog on any medications? YES NO
 If yes, which medications? _____
 Is your dog on Aspirin, Rimadyl, or Deramaxx? YES NO

HAS YOUR DOG EVER RECEIVED A PLASMA OR BLOOD TRANSFUSION? YES NO

PLEASE READ AND SIGN

I understand that today you are blood typing my pet and that other blood tests are needed in order for my pet to become a regular blood donor. If my dog is a suitable blood type, I agree to come to ACCES for a second blood draw sometime in the next month. I also understand that you are asking for a 4 times a year donation for a 3 year period as long as my pet stays healthy

Signature _____

For Hospital Use only	RR _____	Attitude _____	PE Findings: _____
Account # _____	HR _____	MM/CRT _____	DR _____