



ANIMAL CRITICAL CARE BLOOD BANK  
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FELV/FIV   
 Complete blood work   
 In house type

## VOLUNTEER FELINE BLOOD DONOR FORM

### Owner Information

Owner(s) Name \_\_\_\_\_ Date \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ May we call you at work if needed? YES NO  
 E-mail Address \_\_\_\_\_ Regular Veterinary Clinic \_\_\_\_\_  
 How did you hear about the Blood Donor program? \_\_\_\_\_  
 Can we use your cat's picture in Blood Bank related media? \_\_\_\_\_

### Pet Information

Cat's Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_  
 Sex \_\_\_\_\_ Spayed/Neutered? YES NO Weight \_\_\_\_\_ Age \_\_\_\_\_  
 Birthday: Month \_\_\_\_\_ Year \_\_\_\_\_ When was your cat's last vaccination? \_\_\_\_\_  
 Have you owned your cat since it was a kitten? YES NO  
 Has your cat ever been used for breeding? YES NO  
 Has your cat ever traveled or lived outside of Puget Sound? YES NO  
 If yes, where? \_\_\_\_\_  
 Does your cat have ANY medical problems? YES NO  
 If yes, what problems? \_\_\_\_\_  
 Has your cat ever had a surgery other than being spayed/neutered? YES NO  
 Has your cat ever collapsed or had a seizure? YES NO  
 Is your cat on any medications? YES NO  
 If yes, which medications? \_\_\_\_\_  
 Is your cat on any flea medication? YES NO  
 Are there other cats living in your household? YES NO  
 If yes, are any of your cats indoor/outdoor? YES NO  
 Has your cat ever received a blood or plasma transfusion? YES NO

### PLEASE READ AND SIGN

***I understand that today you are blood typing my cat and performing other blood tests in order for my pet to become a regular blood donor. I understand that heavy sedation or anesthesia is required for blood donation in cats. I also understand that you are asking for a donation 3 times a year for 3 years as long as my pet stays healthy.***

Signature \_\_\_\_\_

|                              |          |                |                    |
|------------------------------|----------|----------------|--------------------|
| <i>For Hospital Use only</i> | RR _____ | Attitude _____ | PE Findings: _____ |
| Account # _____              | HR _____ | MM/CRT _____   | DR _____           |