



## Blood Donor Intake Form & Questionnaire

### CLIENT INFORMATION

Owner's Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
*\*Email used for hospital communication only\**

Secondary Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

### PET INFORMATION

Pet's Name: \_\_\_\_\_ Species:  Dog  Cat

Breed: \_\_\_\_\_ Sex:  Female  Male

Color: \_\_\_\_\_ Spayed/Neutered:  Yes  No

Date of Birth (or approx. age): \_\_\_\_\_

Primary Care / Referring Veterinarian: \_\_\_\_\_

Primary Care / Referring Hospital: \_\_\_\_\_

By listing your primary care veterinarian, you authorize our hospital to release patient information to the additional veterinarian(s) or hospital(s) listed.

### AUTHORIZATION TO TREAT

**Initial Screening:** I, the undersigned owner or the agent of the owner of the above-described pet, give permission for the doctor(s) and staff of Veterinary Referral Associates (VRA) to perform an initial exam of my pet and collect lab specimens, for submission, to determine if my pet is a blood donor candidate. I understand there is no fee incurred today. If there are abnormal findings that prevent my pet from becoming a blood donor, I understand it is my responsibility to follow up and incur any charges for further diagnostics or treatment.

In the event of an adverse reaction to the blood donation process performed today, I understand VRA will cover the cost of IV catheter placement, IV fluids and Oxygen cage setup up to the amount of \$400, should this treatment be deemed necessary by the doctors of VRA.

Initial: \_\_\_\_\_

**Blood Donation:** I, the undersigned, certify I am the owner or authorized agent of the owner for the above-described pet. I authorize the doctor(s) and staff of Veterinary Referral Associates (VRA) to sedate my pet and collect blood today. I have been advised to the nature of the procedures and the potential risks. I understand that after the procedure and for

the rest of the day, I can expect my pet to be groggy, tired, and possible dysphoric. Symptoms of dysphoria can include anxiety, whining and pacing.

Initial: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

**Please list all medications your pet is currently on:**

Medication Name and Dose	Quantity	Times per Day	Last Given	Next Due

**Do your pet have any allergies to medications?**       Yes       No

If YES, please describe: \_\_\_\_\_

**How old was your pet when you became his/her owner?** \_\_\_\_\_

**Has your pet ever been ill?**       Yes       No

If YES, please describe: \_\_\_\_\_

**Has your pet ever had a blood transfusion?**       Yes       No

If YES, please describe: \_\_\_\_\_

**Has your pet ever had surgery?**       Yes       No

If YES, please describe: \_\_\_\_\_

After a pet has donated blood, we feed them to replenish nutrients.

**Does your pet have any food allergies/intolerances?**       Yes       No

If YES, please describe: \_\_\_\_\_

Your pet will be sedated for the procedure to ensure the least amount of movement so the blood draw process will be a successful.

**Has your pet had any adverse reactions to medication/sedation/anesthesia?**       Yes       No

If YES, please describe: \_\_\_\_\_

**Is your pet actively breeding?**       Yes       No

**Does your pet consume raw food?**       Yes       No

**Is your pet up to date on vaccines?**       Yes       No

**Is your CAT indoor only?**

Yes

No

N/A

**Thank you for allowing your pet to participate in VRA's Blood Donor Program!**

We would like to offer your pet a complimentary nail trim or anal gland expression during your visit today as our way to thank you both for your time, patience and willingness to make this donation.

**Please check one:**

Nail Trim

Anal Gland Expression

No thanks, maybe next time!