Canine/Feline Blood Donor Registration Form

Ownerôs Name: _____
Address: _____
_____
Home Phone: _____
Work/Cell: _____
Email: _____

Animal Information:
Pet 1: Name: _____ Sex: O M - O M/N - O F - O F/S
Breed: _____ Date of birth: _____
Pet 2: Name: _____ Sex: O M - O M/N - O F - O F/S
Breed: _____ Date of birth: _____

Regular Veterinarian: _____
Address: _____
_____
Phone #: _____
Fax #: _____

For Canines:

Date of Last Vaccines:
Rabies: _____
DHL2PP (distemper): _____
Lyme: _____
Bordetella (Kennel Cough): _____

*Is your dog on year round heartworm prevention? O Y - N O

*Has your pet ever been diagnosed with Lyme or a tick borne disease? O Y - N O

For Felines:

Date of Last Vaccines:
Rabies: _____
FVRCP: _____
Feleuk: _____

* Is your cat indoor only? O Y - N O

*Has your cat ever been diagnosed with Heartworm disease? O Y - N O

Has your pet ever been diagnosed with a bleeding disorder? O Y - N O
Has your pet had any surgery or illness within the last 2 weeks? O Y - N O
Any chronic conditions (heart/liver/kidney disease, diabetes, seizures)? O Y ï N O

Please send completed forms via email to: KRohrbach@VCVREC.com
Or mail to: VCVREC, Attn: Kim Rohrbach , 210 Fullerton Avenue, Whitehall, PA 18052.