





# NEWTON VETERINARY HOSPITAL



## BLOOD BANK REGISTRATION FORM



### Owner Information (Please Print)

Date: \_\_\_\_\_

Primary Contact for Donor: \_\_\_\_\_ (Owner's Name)

Address: \_\_\_\_\_

City / State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Donor Information (Please Print)

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex:  Male Intact  Male Neutered  Female Intact  Female Spayed Weight: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Origin (if outside of NJ): \_\_\_\_\_

Unique identifying features (i.e. tattoo, markings, color): \_\_\_\_\_

Questionnaire	Yes	No
Does your pet meet <u>all</u> the requirements to be a blood donor?		
Is your pet on monthly heartworm preventative all year long?		
Is your pet currently healthy?		
Have you owned your pet since puppyhood?		
Has your pet ever been bred or had a litter of puppies/kittens?		
Is your pet on any medication other than heartworm preventative?		
Has your pet ever received a blood transfusion?		
Has your pet ever been diagnosed with or treated for any illness? (Please explain)		
Bleeding disorder		
Liver disease		
Renal disease		
Heart disease		
Diabetes / Cushing's / Thyroid		
Seizure / Epilepsy		
Dental disease		
Skin disease		
Other		



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### Health Assessment / Temperament Analysis

(To be completed by primary veterinarian)

Vaccinations: Rabies 1yr / 3yr

Date: \_\_\_\_\_ (most recent)

DH(L)PP 1yr / 3yr

\_\_\_\_\_ (most recent)

Other (specify)

\_\_\_\_\_ (most recent)

Other (specify)

\_\_\_\_\_ (most recent)

Temperament: \_\_\_\_\_

\_\_\_\_\_

General Health Status: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In my opinion the above animal is a candidate for blood donation based on its disposition,  
ease of control and general physical examination.**

\_\_\_\_\_ DVM / VMD

Clinic: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_