

Metropolitan's Blood Drive – Become a Lifesaver



Owners Information

Owners Name: _____
Home Address: _____
City/State/Zip Code: _____
Home Telephone: _____ Alternate Phone: _____
Email Address: _____
Referring Veterinarian: _____

Donor Information (General):

Pet's Name: _____
Species: _____ Breed: _____ Gender: _____
Is your pet spayed/neutered? Y N
Approximate Date of Birth/Age: _____ Color: _____
Current Weight: _____

Qualifying Questions:

1. Is your dog greater than 50 pounds? **Yes No**
2. Is your dog between the age of 1 and 6 years old? **Yes No**
3. Do you feel your dog has a temperament to lay on his/her side for 10-15 min? **Yes No**
4. Is your dog currently on any medication, if so please indicate? **Yes No**

5. Is your dog current on vaccinations? **Yes No**
Approximate date of last vaccines:
Rabies: _____ Distemper/Parvo: _____
6. May we contact your local veterinarian for your pets medical records if needed? **Yes No**
If yes, name of veterinarian: _____
7. Will you keep your dog current on all routine immunizations? **Yes No**
8. Will you bring your dog into your local veterinarian for yearly routine blood analysis? **Yes No**
9. Are you willing to bring your pet in for blood donation every 8 weeks if needed? **Yes No**
10. Will you maintain your dog on heartworm preventative medication year round? **Yes No**
11. Has your dog ever had a blood transfusion? **Yes No**
12. Do you travel with your dog, if yes where? **Yes No**

13. If indicated, would you be comfortable with us administering sedation to your pet to obtain the blood donation?
Yes No
14. Has your pet ever experienced excessive bleeding/bruising? **Yes No**
15. Are you comfortable with an area of hair to be clipped from your dog's neck (clipping is a necessary procedure to aseptically prepare the area for blood collection)? **Yes No**
16. Has your dog had any health problems/surgeries, even minor ones- in the past or currently? **Yes No**
If yes, Please describe:

Please send completed forms via email to : adickens@metro-vet.com

Or mail to: Metropolitan Veterinary Associates, Attn: Angie Dickens, 2626 Van Buren Avenue, Norristown, PA 19403