



CARING FOR OUR COMMUNITY'S PETS

Blood Donor Application

Please complete the fields below, print, and bring with you to your appointment.

Name: _____

Address: _____

Phone number: _____

Dog's name: _____

Dog's age: _____ Dog's weight: _____

Are you a client at Flannery Animal Hospital? YES NO

What brand of food does your dog eat? _____

Has your dog had any prior illnesses? YES NO

If **yes**, please list illness(es)? _____

Has your dog ever received a blood transfusion? YES NO

If **yes**, when? _____

Has your dog ever had any seizures? YES NO

If **yes**, when? _____

Is your dog current on all vaccines? YES NO

Please list date(s) of last vaccines: _____

Is your dog on a monthly heartworm and tick preventative medication? YES NO

If **yes**, please name the brand: _____

Is your dog spayed or neutered? YES NO

If **no**, has she ever had a litter? YES NO

If **yes**, has your dog ever been bred? YES NO

Please list any medications your dog is currently taking, including any vitamins or fish oil pills: _____

How long have you had your dog? _____

Is there anything else that might be important for us to know about your dog? _____