



Canine/Feline Blood Donor Registration Form

Owner's Name: _____
Address: _____

Home Phone: _____
Work/Cell: _____
Email: _____

Animal Information:

Pet 1: Name: _____ Sex: M - M/N - F - F/S
Breed: _____ Date of birth: _____
Pet 2: Name: _____ Sex: M - M/N - F - 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? Y - N

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

For Felines:

Date of Last Vaccines:

Rabies: _____
FVRCP: _____
Feleuk: _____

* Is your cat indoor only? Y - N

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

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

Please send completed forms via email to: infos@VCVREC.com
Or mail to: VCVREC, Attn: Blood Bank, 210 Fullerton Avenue, Whitehall, PA 18052.