

Canine Blood Donor Consent Form

Date: _____

Owner's Name: _____

Dog's Name: _____

**⌘⌘ PLEASE CHECK WITH A CLIENT SERVICE REPRESENTATIVE THAT WE
HAVE YOUR CURRENT ADDRESS AND PHONE NUMBERS ON FILE ⌘⌘**

Phone Numbers where you can be reached today: _____

Has your pet traveled outside of New England since his/her last donation? _____

Is your pet currently showing any signs of illness (vomiting, weight loss, increased thirst, limping, etc)?: _____

Has your pet had any illnesses or allergic reactions since his/her last donation (if yes, explain)?: _____

What medications is your pet currently on (include heartworm, flea and tick medications, etc.)? _____

Any previous reaction to anesthesia or sedation? _____

Consent for Blood Donation

I understand that I am volunteering my dog to donate blood today. The risks and nature of the procedure have been explained to me, I have had the opportunity to ask questions, and no warranty or guarantee has been made as to the outcome of the procedure. I hereby authorize and direct the veterinarians and/or their assistants to provide such additional services for the patient as they may deem reasonable and necessary, including, but not limited to, the administration of sedation or anesthesia, vaccinations and blood testing for infectious disease, and I hereby consent thereto.

I understand that there is no charge for the donation, physical examination or necessary screening tests and that the donated blood becomes property of the Animal Medical Center of New England. I understand that if a suspected medical condition is identified based on physical examination and/or blood testing, the doctor will discuss the abnormal findings with me and make treatment and/or further testing recommendations. I am aware that this may prevent my dog from being a blood donor and I become responsible for any treatment and/or further testing of any abnormalities are detected.

Signature of Owner (signature): _____

Owner's Name (please print): _____