Canine Blood Drive

OVRS Office | 1400 Telegraph, Bloomfield Hills, MI 48302
Schedule appointment at 248-334-6877 | Approx 20 minutes

Donor Requirements

Dogs Must Weigh More Than 50Lbs
Between 1 & 7 Years of Age
Current on Vaccinations
Current on Heartworm Prevention
Healthy (not on medications)
Good Temperament

Bring the completed application form located on the back of this flyer along with copies of vaccination records to your appointment. For more information about Buddies For Life, please see our website: www.ovrs.com
BLOOD DONATION FORM: Please complete this form in as much detail as possible

Veterinarian: ____________________________  Veterinarian’s Hospital/Clinic: ____________________________

Owner’s Name: ____________________________  Spouse’s Name: ____________________________

Address: ______________________________________________________

Employer: __________________________________________  Hours at work: ____________  Work Ph: ____________

Home Phone: __________________________________________  E-mail address: ____________________________

How would you like us to contact you to schedule donations? ____________________________ Would you like to be on call 24 hrs for donations? YES NO

What are the best days/times for your pet to donate (donations take approx 20 minutes)?

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<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
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Animal Information

Pet’s Name: ____________________________  Breed: ____________________________

Color: ____________________________  D.O.B. ____________________________  Sex: ________  Neutered/Spayed?: ____________________________  Weight: ________

Please give approximate dates of the following routine medical care:

Last Heartworm test: ____________________________  Is your pet currently on heartworm preventative: ____________________________

Last Distemper Vaccine: ____________________________  Last Rabies Vaccine: ____________________________

How long have you owned your pet? ____________________________  Where is your pet housed? _______Indoors _______Outdoors _______Both

Purpose of animal? ________Pet ________Show ________Sport ________Guard

For neutered/spayed pets: When was the surgery performed? ____________________________

Were there any complications with the surgery? ____________________________

Has your dog ever received a blood transfusion? ____________________________  Any history of excessive bleeding or bruising? ____________________________

What is your pet’s current diet? (brand name) ____________________________  Has your pet ever traveled outside of Southeastern Michigan? ________YES ________NO

Any history of disease that we should be aware of? ____________________________

Is your pet currently on any medications? ____________________________

How did you here about the blood bank? ____________________________

Other comments: ____________________________