



Canadian Animal Blood Bank Donor Registration Form

Owner Information

Last Name: _____ First Name: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Home phone: _____ Mobile: _____ Work: _____

E-mail address: _____
(Preferred)

Donor Information

Dog's name: _____ Breed: _____

Sex: Male Intact or Male Neutered or Female Whole or Female Spayed.

Date of Birth: _____ Unique markings or tattoo: _____

Primary Vet Clinic: _____ Vet: _____

Origin if outside of Canada _____ Travel history: _____

Health Assessment (to be completed by primary veterinarian/clinic)

Most recent vaccination dates: Rabies _____ DH (L) PP Combo _____ Titer Test _____

Bleeding Disorders: Yes No Liver Disease: Yes No Seizures/Epilepsy: Yes No

Heart Disease: Yes No Diabetes: Yes No

On heartworm preventative medication last season? Yes No

On any other medication? Yes No If yes, please list: _____

Obese or overweight for its body structure? Yes No

Weight: _____ Degree of oral pathology: Mild Moderate Severe

Temperament: _____

General health status: _____

In my opinion, the above described animal is a candidate for blood donation based on its disposition, ease of control, and general physical examination (signature required).

DVM _____ Date

Clinic _____

Address: _____

Phone: _____ Fax: _____



Canadian Animal Blood Bank Canine Participation Agreement

The Canadian Animal Blood Bank is truly grateful for your interest and participation in this non-profit, volunteer program.

This agreement summarizes the obligation undertaken by the blood donor – owner to the Canadian Animal Blood Bank and the benefits provided to the blood donor by the Canadian Animal Blood Bank.

1. All obligations and benefits are pending acceptance of the blood donor animal into the program based on results of the dog's blood tests, physical and personality evaluation.
2. The owner agrees to bring the donor dog to the Canadian Animal Blood Bank designated blood collection site up to **four (4) times per year for blood collection for a total of eight (8) units of blood.**
3. Animals that qualify as blood donors are eligible to receive free microchip identification at their second donation.
4. Dogs whose physical examination or laboratory results reveal a need for medical treatment will be referred back to their primary veterinarian for review, consultation, and treatment. The Canadian Animal Blood Bank is a non-profit organization and as such, **cannot provide diagnosis and/or treatment.** When the primary veterinarian clears the donor of any health concerns, the owner may continue in the program with that dog.
5. The canine blood donor will be eligible to receive blood, free of charge, on a **one-for-one basis** (one unit for every unit donated) for life.

“Retired” blood donors (those who have donated 8 units, over 2 years) **may** continue as donors if they meet the blood donor selection criteria until the age of 10.

I give consent for my dog _____ to be a blood donor for the
Canadian Animal Blood Bank.
Fill in the dog's name.

Date

Printed name of owner

Signature of owner

Completed Donor Registration forms may be returned to CABB via: fax – 204-694-0852 or via e-mail – cabb@outlook.com. You may also mail it to: CABB, AB71-2055 Notre Dame Avenue, Winnipeg, MB, R3H 0J9.