

TRURO VETERINARY HOSPITAL

165 Arthur Street
Truro, NS B2N 1Y3
(902) 893-2341

Dr. Gwen Mowbray-Cashen, Dr. Adva Barkai-Ronayne, Dr. Julia Gilkerson

Canine Blood Donor Program – Application Form

Client Information:

First Name: _____ Last Name: _____

Address: _____

Phone Number: _____

Pet Information:

Pet's Name: _____ Birthdate: _____

Breed: _____ Gender: M F Neutered? Y N

If spayed female, date of surgery: _____

Weight, if known: _____

Date of Last Vaccines: _____

Date of Last Heartworm Test: _____ Result: _____

Has your pet previously donated blood? Y N

Has your pet ever received a blood transfusion? Y N

Is your pet on a raw food diet? Y N

Does your pet travel outside of Nova Scotia? Y N

If so, where does he/she travel and how frequently? _____

List any deworming or anti-flea/tick products you use on your dog:

Product	Frequency of Application (e.g. weekly, monthly, once a year)	Last Date Given, if known

List any illnesses or conditions your pet may have:

List any medications (including aspirin or supplements) your pet is currently taking:
