

Canine Donor Questionnaire

Canine Blood Bank

The University of Melbourne
 Department of Veterinary Clinic and Hospital
 250 Princes Hwy
 Werribee VIC 3030
 Tel: 9731 2328
 Fax: 9731 2377
 e-mail: k9-bloodbank@unimelb.edu.au



Instructions:

Please complete this questionnaire in full. If you cannot complete a section or question then please respond as N/A. Please note that we do not set appointments in the evenings so it is important that you provide a means by which we can contact you personally during the day.

A lean body condition means they are very trim and you will be able to easily feel ribs, backbone and hips. Medium means they are an average build for their breed, large means they are chubby but not obese and it is likely that you can feel some back bones. If you cannot feel any ribs, hip or backbone then please select very large.

It is important that donor dogs are on heartworm prevention. If you do not currently use Heartworm medications then you can still apply to enter the program providing you are prepared to supply and treat your dog.

The information you supply is strictly confidential and will not be shared with any outside parties without your consent.

| Section 1 | | Personal Information | |
|---|-------|----------------------|--|
| Owner Details | | | |
| Name | | | |
| Residential address | | | |
| | | | |
| | State | Post code | |
| Postal address (If different from above) | | | |
| Telephone: | BH: | AH: | |
| | Mob: | Fax | |
| E-mail | | | |

| Dog Details | |
|-----------------------|---|
| Name | |
| Date of Birth | (dd)/ (mm)/ (year) |
| Breed | |
| Weight (kg) | Kg |
| Body condition (tick) | Lean <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Extra Large <input type="checkbox"/> |
| Sex | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| Vet details | Please provide the name of your usual veterinary clinic. |
|----------------------------------|--|
| Clinic Name | |
| Veterinarians name (optional) | |

Section 2: Pet Health

Please tick yes or no for the following questions. If you do not know the answer, then please tick unsure e.g. If you acquired your pet from a shelter

| | | | |
|---|------------------------------|-----------------------------|---------------------------------|
| Has your dog been desexed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unsure <input type="checkbox"/> |
| Has your dog ever had a litter of puppies? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unsure <input type="checkbox"/> |
| Is your dog on Heartworm prevention? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unsure <input type="checkbox"/> |
| Has your dog been vaccinated in the last 12 months? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unsure <input type="checkbox"/> |
| Has your dog been wormed in the last 3 months? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unsure <input type="checkbox"/> |
| Has your dog been to see your vet in the last 3 months? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unsure <input type="checkbox"/> |
| Has your dog ever received a transfusion of any blood products? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unsure <input type="checkbox"/> |
| Has your dog ever required hospitalization apart from desexing or a dental? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unsure <input type="checkbox"/> |
| Is your dog on any long term medications? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unsure <input type="checkbox"/> |

If yes to hospitalization or long term medications, please specify the nature of your dogs condition and if possible, the name of the medications:

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.....

Does or has your dog knowingly suffered from any of the following conditions or diseases:

| | | | |
|---|------------------------------|-----------------------------|---------------------------------|
| Von Willibrands disease | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unsure <input type="checkbox"/> |
| Bleeding disorders | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unsure <input type="checkbox"/> |
| Anaemia | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unsure <input type="checkbox"/> |
| Heart disease | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unsure <input type="checkbox"/> |
| Collapsing/fainting | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unsure <input type="checkbox"/> |
| Epilepsy | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unsure <input type="checkbox"/> |
| Has your dogs parents or siblings suffered from any of the above conditions? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unsure <input type="checkbox"/> |
| Are you prepared to bring your dog to one of our outpatient donor locations once every 3 months for blood collection? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unsure <input type="checkbox"/> |

Section 3 Please complete this section in full

The information I have provided is, to my best knowledge, true and accurate.
I give consent for both the Canine Blood Bank and my usual veterinarian to exchange medical information or records for the purpose of maintaining my pet's health and verifying medical data.

Name (please print) _____ Date _____

Signature _____