

AUBURN UNIVERSITY BLOOD DONOR QUESTIONNAIRE

OWNER _____ PHONE # _____

ADDRESS _____

E-MAIL _____

Please check one: FACULTY ☐ STAFF ☐ STUDENT ☐

Pet's Name _____ Sex _____ Spayed/ Neutered? _____

Breed _____ Weight _____ DOB/ Approx. Age _____

Are you able to drop your pet off 6 times a year for a blood draw? YES _____ NO _____

Will you be in Auburn for the next **2 years**? YES _____ NO _____

Would your pet allow for blood draws without chemical restraint? YES _____ NO _____

Do you foster other animals awaiting adoption? YES _____ NO _____

May we shave your pet's neck to obtain clean blood draw? YES _____ NO _____

If female, has your pet ever been pregnant? YES _____ NO _____

Does your dog have a spleen? YES _____ NO _____

Has your pet HAD/ been treated for heartworms in the past 3 years? YES _____ NO _____

Does your pet receive monthly heartworm preventative? YES _____ NO _____

What type of preventative? _____

Has your pet ever received any type of blood products? YES _____ NO _____

Has your dog ever been diagnosed with blood borne pathogens? YES _____ NO _____

(Ehrlichiosis, Rocky Mountain Spotted Fever, Babesiosis, or Lyme' Disease)

Other than a spay or neuter, has your pet had any other surgeries? YES _____ NO _____

Has your pet ever been treated for a tumor, benign or malignant? YES _____ NO _____

Has your pet traveled outside of the South East in the past 5 years? YES _____ NO _____

Is your pet on flea and tick preventative? YES _____ NO _____

Is your dog currently on any other medications? YES _____ NO _____

Please list: _____

(Anything other than HW or flea and tick preventative)

Please provide dates for the following:

RABIES _____ DA2P _____ Heartworm Test _____