



## BLOOD DONOR PROGRAM APPLICATION

### Canine Participation Agreement / Informed Consent

**Procedure:** Upon arrival, our Veterinarian will perform a physical examination on your pet to ensure he or she is in good health to donate. Then the veterinary technician will obtain vitals, and a small amount of blood to ensure that your pet has adequate blood volume for their donation. Once all that has been completed, your pet will be placed on a table and will be positioned in lateral recumbency by experienced veterinary technicians who are under the immediate supervision of a licensed veterinarian. Mild sedation may be used to help your pet relax; however your pet will remain conscious. A small area on his or her neck will be shaved and cleaned with a sterile prep solution. A sterile, single-use blood collection kit will be used for the blood collection. A needle will be placed into the neck vein. Depending upon the weight of your pet, up to 450 ml of blood will be collected. The needle will then be removed from the vein and pressure will be applied to the site for several minutes and then a bandage will be applied to their neck for continuous pressure. The bandage will remain in place for approximately 30 minutes then removed by our staff prior to going home. All blood donors are given food (pending any dietary restrictions) after their donation, IV or sub-cutaneous fluids may be given to your pet at the discretion of the veterinarian. Two hours post donation another small amount of blood will be collected to ensure your pet still has adequate circulating blood volume.

**Benefits:** I understand that my pet's initial visit will consist of an evaluation and blood typing. Blood testing is to ensure that my pet is in excellent health and will be performed at the first visit, and annually thereafter. I understand that after fulfilling his/her obligations to EPIC, my pet will be eligible to receive one unit of red blood cells or plasma at a discounted rate should medical or surgical circumstances arise which warrant its use (elective procedures excluded). I understand that this particular eligibility is non-transferable to other pets. I also understand that the discounted rate will be at EPIC's discretion. The direct benefits to your pet include comprehensive physical exam, no cost vaccinations, annual bloodwork screening, complimentary flea/tick/heartworm prevention, and the option of a \$100 in-hospital credit (to use on any of your pets) for scheduled donations or \$150 in-hospital credit for emergency donations; OR a \$75 Visa gift card to use at your discretion. And the most important benefit is the great satisfaction in knowing your pet helped save another's life, and showing that off with their very own EPIC Blood Donor bandana!

The bloodwork and examination notes will be made available to both you and your primary care veterinarian and is performed at no cost to you. It is possible that EPIC may find abnormalities in your pet's bloodwork or on physical exam. If this occurs, EPIC will notify you and your primary care veterinarian immediately so that your pet can receive any necessary veterinary care. Unfortunately, if there are abnormalities in your pet's bloodwork or physical exam, or if they have received any blood products in the past, they cannot be considered for our donor program.

**Obligations:** I agree to schedule 6 donations during the next 12 months. I understand that requests for donations will be at least 8 weeks apart. I understand that a minimum of 6 donations per year is necessary for my pet to be eligible for the benefits described above, but 6 donations may not be requested depending on the amount of available donors. I understand that EPIC and its staff cannot function as the "veterinarian" for my pet. I am obligated to remain current with my regular veterinarian's health and vaccination schedule.

**Liability:** I understand that if my pet, without provocation, attacks or injures any person or other animal who is acting peaceably in any place where the person or animal may lawfully be, I am personally liable in damages to the person or pet so attacked or injured to the full amount of the injury sustained.

**Risks:** The most common risks associated with blood donation are bruising at the venipuncture site or the formation of a hematoma (build-up of blood/bruising) at the site. These problems are self-limiting and pose no serious harm to your pet. It is also possible that your pet may experience re-bleeding at the blood draw site. If such bleeding occurs, it will generally stop in a short time with the application of direct pressure. It is also possible that your pet may develop a "hot spot" (irritation/infection at the skin site), though this is not common, and is readily treatable with no lasting harm to your pet. In human blood donor programs, there have very rarely been serious events associated with blood donation including



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infection, heart attack, and death. Currently, EPIC is not aware of any reports of such problems in the veterinary literature. Most of our blood donor owners report their pet feeling lethargic for the remainder of the day.

**Your Responsibilities:** Most likely your pet will tolerate the procedure well without complications. You should allow your pet to rest following donation and restrict activity for the next day. Make sure your pet always has water available. It is important that you seek prompt veterinary care if you have any questions or concerns following a donation. Please call EPIC with any questions regarding your pet’s blood donation.

**Publicity Release:** I agree to allow my pet’s “first name” and photos to be used to help publicize the awareness of EPIC in positive advertising and events. *Initial:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*I understand the procedures involved and risks associated with canine blood donation and hereby give consent for my pet \_\_\_\_\_ to be a blood donor for Emergency Pet Intensive Care’s Blood Donor Program.*

Owner Signature: \_\_\_\_\_  
Print: \_\_\_\_\_  
Date: \_\_\_\_\_

EPIC Signature: \_\_\_\_\_  
Print: \_\_\_\_\_  
Date: \_\_\_\_\_

Office use only:

<i>Blood Typing Results:</i>	<i>Date Completed:</i>
<i>By:</i>	<i>Donor status: Accepted / Declined</i>



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**CLIENT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name of Spouse/Co-owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Spouse Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PATIENT INFORMATION**

Pet's Name: \_\_\_\_\_ Species:  Canine  Feline Breed: \_\_\_\_\_

Age/DOB: \_\_\_\_\_ Sex:  Male  Female  Neutered Male  Spayed Female Color: \_\_\_\_\_

Regular Veterinarian/Veterinary Hospital: \_\_\_\_\_

Microchip Number: \_\_\_\_\_

Vaccinations and Date Administered: DA2PP/DAP: \_\_\_\_\_ Rabies: \_\_\_\_\_

Bordetella: \_\_\_\_\_ Canine Influenza: \_\_\_\_\_ Lyme: \_\_\_\_\_ Lepto: \_\_\_\_\_

Feline Distemper (FVRCP): \_\_\_\_\_ Feline Leukemia (FeLV): \_\_\_\_\_

Is your pet given heartworm preventative all year long? Y / N Is your pet in good health? Y / N

Has your pet had any health problems in the past? Y / N Explain: \_\_\_\_\_

Has your pet ever had problems with any of the following: Skin or Eyes Muscle or Bone  
Heart or Lungs Lumps or Bumps Kidney or Urinary Tract Stomach/Intestinal Liver

Tick borne illness (Lyme, Bartonella, Ehrlichia, Anaplasmosis) Y / N

Current Medications: \_\_\_\_\_



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List any drug allergies: \_\_\_\_\_

Has your pet ever received a blood or plasma transfusion for any reason? Y / N

Has your pet ever been pregnant? Y / N

Has your pet ever shown any signs of aggression towards people? Y / N

Has your pet ever shown any signs of aggression toward other pets? Y / N

Has your pet ever traveled to or lived outside of the Mid-Atlantic region? Y / N

*I certify that I own the above described animal or that I am the duly authorized agent of the owner. Further, I understand there are risks, however minimal, which include (but are not limited to) prolonged sedation or adverse reaction to the sedative given, temporary lowering of blood pressure, and bruising at the sites of venipuncture (sites of catheter and needle placement).*

*I understand that the admitting veterinarian (and his/her associates, licensed technicians and/or assistants) will inform me of any untoward events and that my pet's well-being is the primary concern of all the EPIC staff.*

**I have read the above terms and agree to comply.**

\_\_\_\_\_  
**Owner or Authorized Agent**

\_\_\_\_\_  
**Date**