

DONOR REGISTRATION FORM

Owner Information

First Name: _____ Last Name: _____

Address: _____ Home Ph: _____

City: _____ Mobile Ph: _____

Province: _____ Work Ph: _____

Postal Code: _____

Email: _____

Stay informed! Please check to receive information about upcoming donor clinics & news by email.

How did you hear about us?

Veterinarian Through a Friend

Social Media Internet Search

Local Ad Other: _____

Donor Information

Donor's Name: _____ Species/Breed: _____

Date of Birth: _____ Origin: _____
(If outside of Canada)

Primary Vet: _____ Primary Vet Clinic: _____

Travel History: _____

Unique Markings/Tattoo/Microchip #: _____

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

Health Assessment (Completed by Primary Care Veterinarian)

Most recent vaccination dates: Rabies MM/DD/YY DH (L) PP Combo MM/DD/YY Titer Test MM/DD/YY

Weight: _____ Temperament: _____

Obese or overweight for body structure? Yes No

On heartworm preventative medication? Yes No

On tick preventative medication? Yes No

Received a blood/plasma transfusion? Yes No

Degree of Oral Pathology: Mild Moderate Severe

Has there been any known history of:
(Please check all that apply)

Bleeding Disorders Liver Disease

Seizures/Epilepsy Heart Disease

Diabetes Other: _____

Please list any other medication or supplements: _____

General Health Status: _____

In my opinion, the above described animal is a candidate for blood donation based on its disposition and general physical examination.

Signature: _____ DVM Name: _____ Please Print _____ DVM

Clinic: _____

Address: _____

Phone: _____ Date: _____

Completed Donor Registration forms may be returned to CABB via:



Email:
info@canadiananimalbloodbank.ca



AB71-2055 Notre Dame Ave
Winnipeg, MB. R3H 0J9



DONOR PARTICIPATION AGREEMENT

The Canadian Animal Blood Bank (CABB) is truly grateful for your interest and participation in this volunteer, non-profit program. This agreement summarizes the obligation undertaken by the legal owner of the above donor to the CABB and the benefits provided to the blood donor by the CABB.

1. All obligations and benefits are pending acceptance of the blood donor into the program based on the results of the donor's blood tests, physical exam, and personality evaluation.
2. The owner agrees to bring the donor to a CABB-designated blood collection site up to four (4) times per year for whole blood donation for a minimum of eight (8) units of blood.
3. Donors that qualify are eligible to receive free microchip identification at their second donation.
4. Donors 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 CABB is a non-profit organization and as such, cannot provide diagnosis and/or treatment. Upon the primary veterinarian's clearance of donor health concerns, the donor may continue in the program at the discretion of the CABB.
5. The donor will be eligible to receive one complimentary blood product for every usable unit of whole blood donated, should the need ever arise during the donor's lifetime.

Photo Release:

I confirm that I am the legal owner or agent of the donor identified below, and do hereby consent and agree that the CABB, its employees, or agents have the right to take photographs, videotape, or digital recordings of my pet and to use these in any and all media, now or hereafter known. I further consent that my animal's name and identity may be revealed therein or by descriptive text or commentary. This consent remains in full force and effect unless and until I provide written revocation of the consent. I do hereby release to CABB, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims, or interest I may have to control the use of my animal's identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording my animal, either for initial or subsequent transmission or playback.

I consent to the use of my animal's photo. I do not consent to the use of my animal's photo.

I give consent for my animal _____ Donor's Name _____ to be a blood donor for the Canadian Animal Blood Bank Inc.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement. I understand that personal information is being collected under CABB's Privacy Protection Pledge. The information you provide will be used by CABB for the purpose of maintaining donor records, providing test results to your primary care veterinarian, and arranging donor clinic appointments. Your personal information will not be used or disclosed for other purposes, unless permitted by the Personal Information Protection and Electronic Document Act (PIPEDA). Testing results may be used to provide non-identifying information to the provincial governing veterinarian association or academic institutions for the purpose of research and/or public health surveillance. We promise to protect your personal information with appropriate security safeguards and honour any request you may make for access or removal of your personal information. If you have any questions about the collection of your personal information, please contact CABB Central Office (204-632-2586), or admin@canadiananimalbloodbank.ca.

Printed Name of Animal Owner: _____

Signature: _____ Date: _____

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