



CANINE DONOR REGISTRATION FORM

Owner Information

First Name: _____ Last Name: _____
Address: _____ Home Ph: _____
City: _____ Mobile Ph: _____
Province: _____ Work Ph: _____
Postal Code: _____
E-Mail: _____

How did you hear about us?
 Veterinarian Through a Friend
 Social Media Internet Search
 Local Ad Other: _____

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

Donor Information

Dog's Name: _____ 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 _____ DH (L) PP Combo _____ Titer Test _____
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, ease of control, and general physical examination.

Signature: _____ DVM Name: _____ Please Print _____ DVM
Clinic: _____
Address: _____
Phone: _____ Date: _____

Completed Canine Donor Registration forms may be returned to CABB via:



Email: info@canadiananimalbloodbank.ca



Fax: 204-694-0852



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



CANINE DONOR PARTICIPATION AGREEMENT

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

1. All obligations and benefits are pending acceptance of the blood donor animal into the program based on results of the dog's blood tests, physical and personality evaluation.
2. The owner agrees to bring the donor dog to the Canadian Animal Blood Bank designated blood collection site up to four (4) times per year for blood collection for a total of eight (8) units of blood.
3. Animals that qualify as blood donors are eligible to receive free microchip identification at their second donation.
4. Dogs 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 Canadian Animal Blood Bank 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 owner may continue in the program with that dog.
5. The canine blood donor will be eligible to receive one complimentary blood product for every unit of donated blood, should the need ever arise.

"Retired" blood donors (those who have donated 8 units, over 2 years) may continue as donors if they meet the blood donor selection criteria until the age of 10.

Photo Release:

I confirm that I am the owner or agent of the owner of the animal identified below, and do hereby consent and agree that the Canadian Animal Blood Bank, 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 pet'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 a written revocation of the consent. I do hereby release to Canadian Animal Blood Bank, 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 pet's identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording my pet, 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 dog _____ **Dog'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 and that my personal information will not be used or disclosed for other purposes, unless permitted by the Personal Information Protection and Electronic Document Act (PIPEDA). For any questions regarding the collection of your personal information, please contact CABB Head Office at 204-632-2586 or info@canadiananimalbloodbank.ca

Printed Name of Pet Owner: _____

Signature: _____ Date: _____

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