

## Registering with the Canadian Animal Blood Bank

Thank you for joining our life-saving mission! Becoming a blood donor is a rewarding experience, and we're excited to welcome you to the pack! To complete the registration process and start saving dogs' lives, follow these steps:

- ① Fill out both sides of this form.
- ② Ask your veterinarian to complete the Donor Health Assessment Form
- ③ Submit all forms to: [info@canadiananimalbloodbank.ca](mailto:info@canadiananimalbloodbank.ca)

Once we receive your forms, we'll connect you with your local representative. In the meantime, you can check out upcoming donor clinics at: [canadiananimalbloodbank.ca/find-a-donor-clinic/](http://canadiananimalbloodbank.ca/find-a-donor-clinic/)

## Owner Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

City: \_\_\_\_\_

How did you hear about us?

Province: \_\_\_\_\_

Veterinarian

Event

Postal Code: \_\_\_\_\_

Social media

News story

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

Local ad (TV, radio, etc)

Through a friend

Internet search

Other: \_\_\_\_\_

Please check to receive news and updates by email or text

## Donor Information

Donor's Name: \_\_\_\_\_

Primary Care Veterinarian: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Veterinary Clinic: \_\_\_\_\_

Species/Breed: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Color: \_\_\_\_\_

Sex:  Female Spayed  Female Intact

Place of Origin: \_\_\_\_\_

Male Neutered  Male Intact

Travel History: \_\_\_\_\_

Unique Markings/Tattoo: \_\_\_\_\_

Microchip #: \_\_\_\_\_

## Photo Release

I confirm that I am the legal owner or agent of the donor identified above, 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.

Printed Name of Animal Owner: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed Donor Registration forms may be returned to CABB via:



Email: [info@canadiananimalbloodbank.ca](mailto:info@canadiananimalbloodbank.ca)



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



**Canadian  
Animal  
Blood Bank**  
Banque De Sang  
Canadienne  
Pour Animaux

# DONOR REGISTRATION FORM

I, \_\_\_\_\_, agree to register my dog, \_\_\_\_\_, as a voluntary blood donor and hero with the Canadian Animal Blood Bank (CABB). I understand the implications associated with donating blood:

- No sedation is administered
- Minimum period of 3 months between each blood donation
- Donor registration forms are to be completed by the donor owner and primary care veterinarian prior to attending a donor clinic
- Donations are made by appointment only
- That my dog meets the following criteria:
  - Between 1 –8 years of age (18 months for giant breeds)
  - Over 25 kg (55lbs) of lean body weight
  - Up to date on vaccinations or proof of titres
  - Heartworm and tick-preventative medications are strongly recommended for all donors and may be required in endemic areas
  - Healthy, even-tempered and agreeable to being held on side on a table
  - No prior blood transfusions

I accept the associated gratuities provided:

- One complimentary blood product for each unit of blood donated for the remainder of the donor's life, should they ever need one
- Free microchip identification at the second donation
- Bandana and blood donor tag
- Milestone dog tags every 5 donations
- Complimentary testing for blood-borne diseases and heartworm

**I understand that the Canadian Animal Blood Bank may halt my dog's participation in the blood donor program at any time, without justification.**

**I understand that I may also withdraw my dog from the program at any time, without justification.**

I acknowledge that the Canadian Animal Blood Bank does not replace my primary care veterinarian and I am committed to allowing my dog to donate a minimum of eight times. I agree to provide accurate and recent health information at the time of each donation as giving false information could result in illness or even death of both the recipient patient and donor. The risk involved in donating blood is considered minimal and primarily include mild redness, bruising, or skin irritation at the collection site. In the unlikely event of an adverse reaction, the Canadian Animal Blood Bank will cover associated veterinary costs per our adverse reaction policy. Please contact us for more information. In the absence of negligence, I hereby hold Canadian Animal Blood Bank and any person authorized by the Canadian Animal Blood Bank harmless from any and all liability with respect to this procedure.

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 Policy to be used by CABB to maintain donor records, provide test results to your primary care veterinarian, arrange donor clinic appointments, and provide you with information about CABB. Personal information will not be used or disclosed for other purposes, unless permitted by the Personal Information Protection and Electronic Documents Act (PIPEDA). Testing results may be used to provide non-identifying information to the veterinary industry, provincial governing veterinarian associations, or academic institutions for research and/or public health surveillance. We promise to protect personal information with appropriate security safeguards and honour any request you make for access or removal of your personal information from our database. If you have any questions about the collection of your personal information, please contact CABB Head Office by phone (204-632-2586), or email (admin@canadiananimalbloodbank.ca).

Printed Name of Animal Owner: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Primary Care Veterinarian

Clinic Name: \_\_\_\_\_ Primary Care Veterinarian: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_

## Donor Information

Donor's Name: \_\_\_\_\_ Species/Breed: \_\_\_\_\_  
 Owner's Name: \_\_\_\_\_ Date of Last Physical Exam: \_\_\_\_\_

To donate blood with the CABB, we ask that donors are:

- Healthy and even-tempered
- Weighs 25kg (55lbs) or more
- Between 1-8 years of age (18 months for giant breeds)
- Up to date with vaccinations or proof of titres
- On heartworm and tick preventative medication (strongly recommended)

CABB provides all donors with a PCR test at the time of each donation as well as annual SNAP 4Dx testing. Raw fed dogs are eligible to donate.

## Health Assessment (Completed by Primary Care Veterinarian)

<u>Vaccination</u>	<u>Date of Vaccination/Titre</u>	<u>Vaccine Due Date</u>	Temperament: _____
Rabies:	_____ <input type="checkbox"/> N/A	_____ <input type="checkbox"/> N/A	Weight: _____
DH (L) PP Combo:	_____ <input type="checkbox"/> N/A	_____ <input type="checkbox"/> N/A	Has there been any known history of: (Please check all that apply)
Titer Test:	_____ <input type="checkbox"/> N/A	_____ <input type="checkbox"/> N/A	<input type="checkbox"/> Bleeding Disorders <input type="checkbox"/> Liver Disease

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

Please list any other medications or supplements: \_\_\_\_\_

General Health Status: \_\_\_\_\_

**In my opinion, the above-described animal seemed healthy at the time of their last physical examination and had a stable weight. Additional physical exams, blood work, or testing is not required for registration in this program, provided the last physical exam was conducted within the past year.**

Signature: \_\_\_\_\_ DVM Date: \_\_\_\_\_

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