

SASH Canine Blood Bank Questionnaire

Owner information:

Surname: _____

First name: _____

Address: _____

Phone: _____

Dog's information:

Name: _____

Sex: _____ Desexed? _____

Breed: _____

Age: _____

Weight: _____

Regular vet: _____

1. My dog has been vaccinated in the last 2 years: **YES** **NO**
2. My dog has been vaccinated in the last 2 weeks: **YES** **NO**
3. My dog's heartworm prevention is up to date:

If no, when was heartworm prevention last used: _____

4. My dog's intestinal worming is up to date: **YES** **NO**
5. Has your dog ever been sick before: **YES** **NO**

If yes, name the illness and when it occurred: _____

6. Is your dog currently on any medications: **YES** **NO**

If yes, name the medications: _____

7. Does your pet have any allergies to food or medications: **YES** **NO**

If yes, name the allergies: _____

8. Has your pet received a blood transfusion in the past? **YES** **NO**

Please return this form to SASH by:

1. Fill out, save and email this form to: info@sashvets.com
2. Print, fill out and send to: The Small Animal Specialist Hospital
Canine Blood Bank
PO Box 157
North Ryde NSW 1670
3. Print, fill out and fax to: (02) 9889 0431

www.sashvets.com

SASH is open 24 hours a day, 365 days a year

Phone: (02) 9889 0289

1/1 Richardson Place, North Ryde Sydney

follow us   @sashvets