

## 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](mailto: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](http://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**

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