

Blood Donation Program at Cornell's Companion Animal Hospital

AUTHORIZATION TO COLLECT BLOOD FOR MEDICAL/SURGICAL USE

I hereby authorize the Companion Animal Hospital to collect blood to be used for patients of the hospital for therapeutic purpose. If any unforeseen condition arises calling for their judgement for procedures in addition to or different from those of blood collection, I further request and authorize them to do whatever they deem advisable.

The nature and purpose of the procedures, the risks involved, and the possibility of complications have been fully explained to me. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as the result of this collection procedure.

I consent to the administration of anesthesia to be applied by, or under the direction of the Companion Animal Hospital Anesthesia Service and to the use of such anesthetic as they may deem advisable. This form has been fully explained to me and I certify that I understand its contents. I agree to the Program Guidelines as listed below.

Program Guidelines

1. This agreement and authorization form must be completed before any participation will be allowed.
2. Each animal must be admitted through the Companion Animal Hospital Admissions Office upon arrival to the hospital. Failure to admit the animal will result in forfeiture of the \$30 credit. No exceptions to this requirement will be allowed.
3. In return for each unit donated, the donor will receive a \$30 credit towards purchase of any goods or services offered by the the Cornell University Hospital for Animals, including pet food, for any animal owned by the person below.
4. The credit is good for one year and can be used in whole or in part at any time during that year.

Name: _____
(Please Print)

Signature: _____
Date: _____

(OVER)

Donor Program at CUHA
Donor Information and Owner Responsibilities

Donor Information:

Pets Name: _____ Species: _____ Breed _____

Neutered/Spay (circle one) Age: _____ Weight: _____

Owner Name: _____ Graduating Class of _____

Address: _____

Telephone # _____ :Email _____

Medical History:

Travel outside of NY- Yes No

Pregnancies- Yes No

Other health history: _____

Seizures- Yes No

Allergies- Yes No

Behavior Problems- Yes No

Transfusion History- Yes No

If yes to any above, please provide a brief history: _____

Current Medications:

Heartworm preventative- Yes No Type _____

Other: _____

Owner's Responsibilities:

- Will update program coordinator of Pets current health issues
- Will inform program coordinator of vacation times or unavailability, prior to said time
- Will update program coordinator of Address and Phone number changes
- Will be responsible for making and keeping an appointment with CUHA CPS Service for yearly exam, vaccines, and yearly blood work OR provide written proof of physical exam, and vaccines, signed by a Veterinarian

I _____ verify that the above information is true and will uphold the responsibilities explained above.

Owner Signature _____ Date _____