

Colorado Veterinary Specialty Group Canine Blood Donor Agreement

What we ask of our donors:

1. The donor family agrees to participate in the blood donor program for a minimum of one year unless the donor's health necessitates early retirement.
2. The donor family agrees to notify Colorado Veterinary Specialty Group if the donor is taken outside of Colorado while participating in the blood donor program.
3. The donor family agrees to keep the donor current on all vaccinations (rabies and DA2PP within the last 3 years).
4. To ensure the donor's optimum health the family understands that Colorado Veterinary Specialty Group needs to be notified of all medical conditions, changes in health status, and medications the donor is or was taking while enrolled in the blood donor program.
5. Blood donors may need to be sedated for their donations at no cost to the owner.

What we will provide in return for your donation:

1. An annual exam will be performed and full lab work including 4DX (tick testing and heart worm), complete blood count, full chemistry, urinalysis (free catch sample is acceptable), fecal (if sample provided), and brucellosis testing is sent out. Results are reported back in 72 hours.
2. The donor family is given \$100 every third donation.
3. The donor family is given \$75 per emergency call-in
4. Patients will be eligible for a unit of blood at no cost if it is needed.
5. 10% off emergency services for active blood donors.

Signature: _____ Date: _____

Colorado Veterinary Specialty Group agrees to provide all of the donor's medical information to the family's regular veterinarian in a timely manner.

Sedation Authorization

I authorize Colorado Veterinary Specialty Group to administer sedation to _____ for the purpose of blood donation. I understand that some risks exist with sedation and anesthetic drugs and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian or technician before the donation is performed. CVSG will keep records of doses of medications and anesthetic protocols for use during blood donation so that they lowest/safest protocols can be used including injectable and or oral medications.

I have read and understand the nature of the above procedures and give my consent to proceed.

Signature of Owner or Authorized Agent:

Date: