

Cat Donor Evaluation Form

Owner Information

Owner Name: _____
Home Address: _____
City / State / Zip: _____
Home Telephone: _____
Alternate Phone: _____
E-mail address: _____

Donor Information

Pet's Name: _____
Breed(s): _____
Sex: M F Spayed/Neutered: Y N
Approximate birthday: _____ Weight: _____
How old was your cat when you got him/her? _____
Approximate dates of last vaccinations:
FVRCP: _____ Felv: _____ Rabies: _____ Other: _____
Has your pet had any health problems, even minor ones – in the past or currently? _____

Has your pet ever received a blood or plasma transfusion? _____
Has your pet ever been pregnant? _____
Is your cat kept indoors only? _____
Are there other cats in your household? _____
If yes, do the other cats have access to outside? _____

Please send completed forms via email to: TransfusionService@vetmed.wsu.edu
OR via mail to: Transfusion Services, College of Veterinary Medicine, Washington State University,
Pullman, WA 99164-7060