



ALVEDIA BLOOD TYPING CARD

Name of patient :

Identification code :

Owner :

Group : ☐ **A** ☐ **B** ☐ **AB**

Date:

Before each transfusion, always verify blood compatibility.
Give this card to your veterinarian.



Veterinarian or Laboratory

☐ I agree to be a
blood donor

www.alvedia.com - contact@alvedia.com



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