

Fix It! Wisconsin

Low Cost Spay/Neuter Voucher Program for
Residents of Waukesha & Washington Counties



*A partnership between Elmbrook Humane Society
and Companion Animal Hospital*

For Office Use Only:

Voucher#: _____

Date of Purchase: _____

Paid via: ___ Cash ___ Credit / Debit Card

Approved by: _____

CAH: _____

Owner Information:

Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

County: _____ Daytime Phone #: _____

Pet Information:

Circle One: Dog Cat Sex: M F Breed: _____

Name: _____ Date of Birth: _____ Weight: _____

Has your pet been seen by a Veterinarian? ___ If so when? _____

List of any diagnosed problems your pet has: _____

List of any medications your pet is taking: _____

Is your pet showing any signs of illness or disease? ___ If yes, please describe. _____

Where was your pet acquired? _____

How did you find out about this program? _____

I am the owner and authorized agent of the above described pet and authorize Companion Animal Hospital (CAH) to perform sterilization procedure on my pet. I authorize the attending veterinarian to vaccinate the above described pet for rabies. I authorize the attending veterinarian to prescribe, dispense and treat for post surgical pain associated with the sterilization procedure. I hereby authorize the use of anesthetics as the veterinarian deems advisable and performance of the surgical procedure. I understand that all surgical procedures have some potential risks, including the possibility of death. I agree to hold Elmbrook Humane Society and CAH harmless from any liability arising from the proper performance of this procedure.

Owner Signature: _____ Date: _____