

# 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: \_\_\_\_\_