## Wonderland Humane Society, Inc. P.O. Box 935 Cadillac, MI 49601 231-920-6405

## THIS FORM MUST BE COMPLETED AND RETURNED PRIOR TO SURGERY! A VOUCHER WILL BE MAILED TO YOU VERY SOON!!

This form is to help us make the best use of the limited funds available for our program. This program is designed to help pet owners who **COULD NOT OTHERWISE AFFORD** this essential surgery.

The money for this service is **NOT** from County, State, or Federal Funds. It is collected solely from donations and fund drives held during the year. The tremendous call for our help with this program outnumbers the funds by far. Therefore, only a limited few can be considered as funds are raised.

1.	Would you be able to have your pet altered without the financial assistance from Wonderland Humane Society? YesNo
2.	Your approximate household income
3.	Number in your household
	Description of Pet
Nε	ame
Br	reed:Color:
Se	x: FEMALE MALE Age:
Sp	pecies: CANINE FELINE
Ar	ny Previous litters? YesNo If yes, How many?
	Owner Information
Na	ime:
	ldress:
	ty, State, and Zip Code:
Ph	one #:
	eyer Veterinary 775-4104 Airport Animal Clinic 775-1378 buntry Veterinary 832-3680 (Or other)
**; **;	****** PLEASE INDICATE WHICH VETERINARY CLINIC YOU INTEND TO *******USE:

\*VOUCHER IS ONLY VALID IF USED AT A VETERINARY CLINIC WITHIN WEXFORD, MISSAUKEE OR OSCEOLA COUNTY\*