

Elmbrook Humane Society Abbey's Fund Application

Owner Information

Name: _____ Email: _____
 Street Address: _____ City: _____ State: WI Zip: _____
 Daytime Phone #: _____ Cell Phone #: _____

Dog Information

Name: _____ Age: _____ Weight: _____
 Has your dog been seen by a veterinarian?: _____ If so, when?: _____
 List any diagnosed problems your dog has: _____
 List any medications your dog is taking: _____
 Is your dog showing any signs of illness or disease? If yes, please explain: _____

 Where dog was acquired: _____
 How did you find out about this program? _____

Abbey's fund provides free spay/neuter surgeries for all Pit Bulls, but we believe that all animals should be given the basic care necessary to maintain overall health and well-being. The following services are available to you at the time of surgery. Please understand that any additional services must be paid for by the owner at the time of surgery.

| Item | Cost | Item | Cost |
|----------------------|---------|----------------|---------|
| DHPP (combo) Vaccine | \$15.00 | Rabies Vaccine | \$15.00 |
| Kennel Cough Vaccine | \$15.00 | Microchip | \$25.00 |
| Fecal | \$20.00 | Nail Trim | \$5.00 |

I am the owner or authorized agent of the above-described animal and I authorize Elmbrook Humane Society, through their hired veterinarian and her/his designated assistants, to perform the following surgical procedures(s) on my pet:

I understand that all surgical procedures have some potential risks, including the possibility of death. I hereby authorize the use of anesthetics as the veterinarian deems advisable and performance of the surgical/medical procedure(s) listed above. I agree to hold Elmbrook Humane Society and the attending veterinarian harmless from any liability arising from the proper performance of any procedures referred to above.

Owner/Agent signature: _____ Date: _____