

Fix It! Wisconsin

Low Cost Spay/Neuter Voucher Program for
Residents of Waukesha County



A partnership between Elmbrook Humane Society
and Animal Doctor of Muskego

For Office Use Only:

Voucher#: _____

Date of Purchase: _____

Paid via: Cash Credit / Debit Card

Approved by: _____

ADM: _____

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 Animal Doctor of Muskego to perform sterilization procedure on my pet. I authorize the attending veterinarian to vaccinate the above described pet for rabies and distemper and if my pet is a dog, test my dog for heartworm. 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 Animal Doctor of Muskego harmless from any liability arising from the proper performance of this procedure.

Owner Signature: _____ Date: _____