

MEYER VET CLINIC (231) 775-4104  
AIRPORT ANIMAL CLINIC (231) 775-1378

WHALEY RD VET HOSPITAL (231) 779-0655  
COUNTRY VET SERVICE (231) 832-3680

WONDERLAND HUMANE SOCIETY  
POST OFFICE BOX 935; CADILLAC, MI 49601  
(231) 920-6405

**APPLICATION FOR SPAY/NEUTER ASSISTANCE**

This form will 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.

Money for this service is not from county, state, or federal funds. It is collected solely from private donations and fundraisers held throughout the year. The tremendous call for our assistance outnumbers the funds by far.

**THIS FORM MUST BE COMPLETED AND RETURNED PRIOR TO THE SURGERY!  
A CERTIFICATE WILL BE MAILED TO YOU PROMPTLY.**

1. Would you be unable to have your pet altered without the financial assistance from Wonderland Humane Society? \_\_\_\_\_ YES \_\_\_\_\_ NO
2. Your approximate household income, monthly or yearly: \_\_\_\_\_
3. Number of people in your household: \_\_\_\_\_

DESCRIPTION OF PET

Name: \_\_\_\_\_ Species: Canine or Feline  
Breed: \_\_\_\_\_ Male or Female Color: \_\_\_\_\_ Age: \_\_\_\_\_  
Any previous litters: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how many: \_\_\_\_\_

OWNER INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_, MI Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* Please indicate which veterinary clinic you intend to use, IF NOT one of the clinics listed at the top of this application: \_\_\_\_\_

**RETURN COMPLETED AND SIGNED FORM TO WONDERLAND HUMANE SOCIETY AT THE MAILING ADDRESS LISTED ABOVE.**