

Trempealeau County Humane Society  
Cindy Haines Memorial Funds Application

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Medical

Feline Name \_\_\_\_\_ Male/Female

We are able to assist with medical for cats up to \$100.00 per household per year. We will send the amount directly to your veterinarian. **Please provide estimate.**

Veterinarian \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_