



Trempealeau County Humane Society

Thomas Forrer Memorial Fund

Application Requirements & Information

- Must be a Trempealeau County Resident
- Must send proof of income(s)
 - Federal or State Tax Return with **SSN Blacked out**
 - If do not file taxes please send an IRS determination letter stating the information
 - Copies of W2s or SSI with **SSN Blacked out**
- Both pages of the application must be completed – applications missing a page will NOT be processed
- APPLICATION MISSING ANY REQUIRED INFORMATION WILL **NOT** BE PROCESSED
- Household gross income guidelines:
 - Individual - \$30,000
 - 2 persons - \$32,600
 - 3 persons - \$36,700
 - 4+ persons - \$40,750
- Each voucher is only good for 60 days.
- Only 1 voucher per family per twelve-month period.
- There will be no reissues of vouchers.

Return this application along with a **SELF ADDRESSED STAMPED ENVELOPE** (for voucher return) to

Trempealeau County Humane Society
N27109 US-53
Blair WI 54616

APPLICATION INFORMATION

This voucher is not transferable to other names or addresses.

Name: _____ Telephone: _____

Full Address: _____

Email Address: _____

PET INFORMATION

Pet's Name: _____ Age: _____ Weight: _____

Gender: Male Female Breed: _____ Color: _____

FINANCIAL INFORMATION

Yearly HOUSEHOLD Total Income:

(if your income is \$0, SSI or statement of monthly benefits will provide this)

\$

Where does your income come from:

Employment/SSI/Etc.

Marital Status: Married Un-Married

of People in the Household:

of Dependents in the Household:

of Pets in the Home:

Are the other pets spayed or neutered *(if not – why?)*

SIGNATURE

By signing my name on this form, I swear to or affirm (1) the completeness and truthfulness, to the best of my knowledge, of the information I have provided, and (2) my belief that I qualify for assistance through the Trempealeau County Humane Society, to have my canine spay/neutered. I do not hold the Trempealeau County Humane Society responsible in any way regarding the medical treatment received as a participant in the spay/neuter immunization program.

Signature of Applicant: _____ Date: _____

Signature of TCHS Representative: _____

Date of Approval: _____ (valid 60 days from this date)

(For Office Use Only)

**TREMPEALEAU COUNTY HUMANE SOCIETY
Canine Spay/Neuter Program (valid for 60 days)**

Voucher Number _____

Recipient _____

Address _____

Phone _____

Authorized by: _____ Date: _____

This voucher entitles the bearer up to \$150.00 for Canine Spay/Neuter which will be sent directly to bearer once proof of Spay/Neuter and the vet bill is provided.