

## Josh Diehm Memorial Fund Application

# Sauk County Humane Society

618 Hwy. 136  
Baraboo, WI 53913

Phone: 608-356-2520  
Fax: 608-356-2519

Website: www.saukhumane.org  
Email: shelter@saukhumane.org

**Mission:** To provide financial assistance to Sauk County residents who are either senior citizens, disabled, or low-income. Financial assistance will be given to help individuals whose pets need major medical or emergency services, who require help paying for food/supplies, or veterinary care on a temporary basis. Approval is based on Sauk Co. low income limits.

**Funds:** Grants of \$25-\$100 per individual will be provided upon approval. Funds are paid directly to the vet or other service providers to help pay outstanding accounts. Funds will not be paid in advance of services.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

Household Income (Monthly-Gross): \_\_\_\_\_ Monthly Expenses: \_\_\_\_\_

Number of people in your household: \_\_\_\_\_

Are you disabled? Y / N If yes, what is your disability? \_\_\_\_\_

Please describe the companion animal(s) for which you are requesting assistance:

1. Cat / Dog Name: \_\_\_\_\_ Breed/Color: \_\_\_\_\_ Age: \_\_\_\_\_

Male / Female Neutered / Spayed Rabies Vaccination Current: Y / N Licensed: Y / N

2. Cat / Dog Name: \_\_\_\_\_ Breed/Color: \_\_\_\_\_ Age: \_\_\_\_\_

Male / Female Neutered / Spayed Rabies Vaccination Current: Y / N Licensed: Y / N

3. Cat / Dog Name: \_\_\_\_\_ Breed/Color: \_\_\_\_\_ Age: \_\_\_\_\_

Male / Female Neutered / Spayed Rabies Vaccination Current: Y / N Licensed: Y / N

Please describe why you are applying for a grant: \_\_\_\_\_

Vet Clinic: \_\_\_\_\_ Vet's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Estimated cost of treatment: \$ \_\_\_\_\_

I certify that the above information is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_