



Josh Diehm Memorial Fund Application

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Baraboo, WI 53913

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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.

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 Do you receive public assistance? Y / N If yes, please list: _____

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

1. Cat / Dog / Other: _____ Name: _____ Breed: _____ Age: _____ YR / MO

Description (color/pattern): _____

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

2. Cat / Dog / Other: _____ Name: _____ Breed: _____ Age: _____ YR / MO

Description (color/pattern): _____

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: _____