



# EQUINE PROTECTION FUND

*Solutions for New Mexico's equines in need.*

502 W Cordova Rd, Santa Fe, NM 87505

EquineProtectionFund.org

## GELDING ASSISTANCE APPLICATION

### Requirements for Eligibility for Gelding Assistance:

- \* Stallion/colt and applicant for assistance must reside in New Mexico
- \* Operation must be performed by a licensed veterinarian (Please provide veterinarian name and phone number)
- \* If applying for assistance after gelding has taken place, operation must have occurred within the past three (3) months
- \* Applicant has a financial hardship (Please provide a brief description of your financial hardship and your ability to care for equines in your custody on a separate attached sheet)
- \* Applicant consents to site visit from animal control or law enforcement, if necessary
- \* Applicant will not conduct breeding operations with other stallions or mares on his/her own property subsequent to receiving assistance

### Please complete the following:

Name, breed, age, and breeding history of stallions to be gelded. Use animal's name as he appears on veterinary records.

NAME	BREED	AGE (IF KNOWN)	HAS BRED WITH MARES? (YES, NO, UNKNOWN) – IF YES, PLEASE INCLUDE NUMBER OF FOALS Sired

*[If more than four stallions, please list additional horses on back of sheet]*

Owner Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Farm/Facility (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address (where stallions/colts are kept): \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ Alt Phone: (\_\_\_\_\_) \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_

Veterinarian Clinic/Business: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Alt Phone: (\_\_\_\_\_) \_\_\_\_\_

Livestock Board Inspector (if known): \_\_\_\_\_

Employer/Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Alt Phone: (\_\_\_\_\_) \_\_\_\_\_

## **NOTICE OF DISCRETION**

(TO BE REVIEWED AND SIGNED BY APPLICANT FOR ASSISTANCE)

Equine Protection Fund (Fund) is aware of the possibility of sensitive information provided by the applicant for Gelding Assistance (Assistance) as a necessary component of completion of the application. Information contained within the application for Assistance and shared between the Equine Protection Fund Coordinator and the applicant during subsequent communication shall only be utilized in the administration of Assistance and possible volunteer aid to be coordinated following completion of the Assistance program.

I have read this information and agree to all eligibility requirements listed above. I am willing to provide any and all information necessary to the execution of Gelding Assistance.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## **WAIVER OF LIABILITY AND RELEASE**

(TO BE REVIEWED AND SIGNED BY APPLICANT FOR ASSISTANCE)

The Equine Protection Fund (Fund) is offering Gelding Assistance (Assistance). If your application is approved, Assistance will pay or reimburse the participating veterinarian to perform gelding operations on stallions. It is the horse owner's responsibility to coordinate time and location of the procedure with the participating veterinarian.

Please note that due to fund processing requirements, gelding payment or reimbursement to the participating veterinarian may not be available for up to two weeks from the date of the procedure.

We ask that you read and sign this Waiver of Liability and Release. By signing it, you will be indicating that you understand the risks involved in your participation in Assistance.

### **VOLUNTARY PARTICIPATION**

1. I acknowledge that I have voluntarily applied to participate in Assistance.

### **ASSUMPTION OF RISK**

2. I am aware that my participating in Assistance may involve risk of personal injury from frightened or aggressive stallions. I am also aware that unsanitary conditions may increase risk of infection in post-operation geldings. I am voluntarily participating in these activities with full knowledge of the risks involved, and hereby agree to accept any and all risks of harm that may result from my participation in Assistance.

### **RELEASE**

3. As consideration for my being permitted by participate in the Assistance, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim of any kind against or sue the Fund, their affiliates, employees, agents or volunteers for injury or damage of any kind resulting from my participation in Assistance, unless such injury or damage is the result of an employee, agent, or contractor of the Fund exhibiting gross negligence or intentionally acting in a manner likely to lead to my being harmed. I hereby release the Fund from all actions, claims or demands that I, my assigns, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in Assistance, except when an employee, agent, or contractor of the Fund exhibits gross negligence or intentionally act in a manner likely to lead to my being harmed. I further voluntarily agree and warrant to Release and Hold Harmless the Fund and its representatives from any liability whatsoever, including, but not limited to, any incident or illness of horses believed to be caused by or related to feed provided through this Assistance.

### **KNOWING AND VOLUNTARY EXECUTION**

4. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability between myself and the Fund, and sign it of my own free will.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Thank you for completing the Gelding Assistance Application! Please submit this completed application, along with any supplementary information, via

**FAX: 505-265-2488**

**MAIL TO: Equine Protection Fund Coordinator; PO Box 11395; Albuquerque, NM 87192**

**EMAIL: phil@apnm.org**

Questions? Please call Fund Coordinator Phil Carter at 505-967-5297.