

equine
PROTECTION FUND



SECURING A SAFE FUTURE FOR HORSES

A Program of Animal Protection of New Mexico

Application for Gelding Assistance

Name: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____ Email: _____
Physical Address (where equine is kept): _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____ Alt Phone: (_____) _____

Requirements for Gelding Assistance:

- * Applicant and stallion/colt reside in New Mexico
- * Operation must be performed by a licensed veterinarian
- * Applicant consents to site visit from animal control or law enforcement, if necessary
- * Applicant pledges to not conduct breeding with other stallions or mares on his/her property subsequent to receiving assistance
- * Applicant provides a brief description of financial hardship and ability to care for equine(s) as an attachment to this application
- * If applying after gelding has taken place, operation occurred within the past three (3) months, and applicant submits an invoice for reimbursement

Thank you for reading this application, and for providing information and signatures:

Name, breed, age, and breeding history of animal to be gelded. Please use the equine's name as he appears on veterinary records:

Veterinarian info. If you are seeking reimbursement for a gelding which has already taken place, please also attach the invoice with this application.

Vet name:

Vet clinic/business:

Phone:

Email:

Additional information

- After completing this application, please attach a brief description of your financial situation which makes this program necessary. Please also describe your plan for caring for the equine(s) in the future.

I verify that I meet the requirements and confirm that all of the information completed and submitted with this application is correct.

Signed: _____ Date: _____

WAIVER OF LIABILITY AND RELEASE

The Equine Protection Fund (Fund) is offering Gelding Assistance (Assistance). If your application is approved, Assistance will pay your veterinarian, or will reimburse you, for a portion, or the entire cost, of gelding(s).

It is your responsibility to coordinate the time and location of the procedure and to ensure that your equine's needs are met.

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 an equine or equines. I am also aware that unsanitary conditions increase the 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 care paid for 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 caring and for completing the Gelding Assistance Application!

Please submit this completed application, along with supplementary information requested

EMAIL TO: epf@apnm.org

or

FAX TO: 505-265-2488

or

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

Questions? Please call 505-401-8936.