

equine
PROTECTION FUND



SECURING A SAFE FUTURE FOR HORSES

A Program of Animal Protection of New Mexico

Application for Emergency Feed Assistance

Name: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____ Email: _____
Physical Address (where equines are kept): _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Alt Phone: (____) _____

Requirements for Eligibility for Emergency Feed Assistance:

- * Applicant must be a resident of New Mexico and must not have received Emergency Feed Assistance in past 2 years**
- * Applicant's equines must be personal equines; no professionals may apply**
- * Maximum of 4 equines may be fed, for up to 2 months**
- * Applicant consents to site visit from animal control or law enforcement**
- * Verifiable income loss within 6 months of application for assistance**

Please read the entire application, and provide information and signatures:

Names of equines to be fed (four maximum). Please use animal's name as it appears on veterinary records.

- 1.
- 2.
- 3.
- 4.

On a separate sheet, please provide a brief description of the financial situation which makes this program necessary. Also, please describe your plan for caring for the equines once the emergency feed assistance expires.

Documentation (see also *Notice of discretion* on p 2)

- If the situation is due to a loss of income from termination of employment or reduction of employment hours, please provide an employer reference who can confirm this, or provide a written confirmation of the job loss from the employer.
- If related to a medical situation, please provide information from your provider/bill from a facility to confirm.
- If due to a loss of income owing to a factor not listed above, please submit relevant documentation.

Please provide the name and contact of the store(s) or person(s) who normally supply your feed or hay. *Be certain that the supplier(s) listed are trusted by you, as we may authorize payment directly to supplier(s).*

Feed Store: _____ Phone: (____)_____

Feed Store: _____ Phone: (____)_____

Please attach a copy of the horses' vaccination record(s) within the past 12 months **and/or** a veterinary reference.

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

Signed: _____ **Date:** _____

Notice of discretion

We are aware of the possibility of sensitive information provided by the applicant for Emergency Feed Assistance (Assistance) as a necessary component of completion of the application. Such sensitive information provided with the application for Assistance and during subsequent communication shall only be utilized for the administration of Assistance, it will not be made public or shared with other parties.

WAIVER OF LIABILITY AND RELEASE

The Equine Protection Fund (Fund) is offering Emergency Feed Assistance (Assistance). If your application is approved, Assistance will give a credit to your local feed supplier to feed up to four equines for up to two months. It is your responsibility to inspect the quality of the feed and provide transportation to get the feed to your equines.

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 strenuous physical activities, as well as risks associated for my equine(s) in changing feed. 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 _____

Changing the Diet of Horses

Whether it's the grain, hay, or time on pasture, any change in the horse's diet should be spread over several days or weeks. Increases in the amount of grain given to a horse should be added at approximately 0.5 pounds per day until the desired amount of grain is reached. Grain increases may be necessary because of an increase in activity level or for a mare during lactation. If the grain amount is increased too quickly, colic or founder may occur.

When introducing a new type of hay or grain to a horse, the new hay or grain should replace the old feed at a rate of 25 percent every other day, taking a total of six days until the horse is completely on the new feed. Feed intake or eagerness to consume the diet may decrease during this changeover period. If this occurs, more time may be needed for the horse to adjust to the new feed.

When a horse is to be turned out on pasture all day, especially if the pasture is lush and green, time on pasture should be gradually increased to avoid overeating, in a manner similar to increasing the grain. Horses should be provided with all the hay they want to eat about a week prior to the start of complete pasture turnout. The time on pasture should be increased by one hour each day for four to five days. Then, before the horse is going to be turned out completely on pasture, a hay meal should be provided. It is important to remember that each horse is different. Some horses take more time to adjust to dietary changes than others. Therefore, it is important to monitor the horse's eating habits and health status carefully during this time.

From www.extension.org

I have read this information and will introduce any new feed to my equines gradually as recommended in the above article.

Signed _____ **Date** _____

Thank you for completing the Emergency Feed 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.