

# EQUINE PROTECTION FUND

## EMERGENCY FEED ASSISTANCE APPLICATION

Owner's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Physical Address (where equines are kept): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Alt Phone: (\_\_\_\_\_) \_\_\_\_\_

### **Requirements for Eligibility for Emergency Hay Assistance:**

- \* **Applicant must be a resident of New Mexico**
- \* **Applicant's equines must be personal equines; no professionals or amateur horse breeders may apply**
- \* **A maximum of four equines may be fed with this program**
- \* **Applicant consents to site visit from animal control or law enforcement**
- \* **Job loss, medical situation, other loss of income within 6 months of application for assistance**

### **Please complete the following:**

• Names of equines to be fed (four maximum). 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 2-month emergency hay assistance expires.

• Documentation (see *Notice of discretion*)

- If the situation is due to 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 the situation is due to a medical situation, please provide a note provided by the physician's office or hospital to confirm.
- If the situation is due to a loss of income owing to a factor not listed above, please submit relevant documentation to confirm.

Other documentation may be acceptable, please call Fund Coordinator for verification at 505-967-5297.

• 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 the Emergency Feed Assistance program will authorize payment directly to the supplier(s). Equine Protection*

*Fund, Animal Protection of New Mexico, and New Mexico Community Foundation cannot be responsible for subsidies after disbursement to feed suppliers.*

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 all of the above information is correct.

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

## **Notice of discretion**

Equine Protection Fund (Fund) is 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. 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 the timeline of the Assistance program.

I have read this information and am willing to provide any and all information necessary for the execution of Emergency Feed Assistance.

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

## WAIVER OF LIABILITY AND RELEASE

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

Please note that due to fund processing requirements, feed assistance may not be available for up to two weeks from the date of the original request.

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 \_\_\_\_\_, 2010

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](http://www.extension.org)

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

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

Thank you for completing the Emergency Hay Assistance Application! Please submit this completed application, along with supplementary information requested on page 1, via

**FAX TO: 505-265-2488**

**Or**

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

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