



Assistance Application

Owner: _____

Address: _____

Phone: _____ Email: _____

How many equines do you currently own? _____ Do you have proof of ownership? _____

Please list name, age, breed, sex of each equine: _____

Reason for seeking assistance for your equine(s)? _____

Type of assistance you are seeking for your equine(s)? _____

Length of time you expect to need assistance: _____

Please describe your plan for caring for your equine(s) once the assistance period ends:

Do you keep the equine(s) on your property? _____

If not, where do you keep your equine(s)? Please include contact information for the facility:

Veterinarian: _____

Are your vaccines and Coggins current? _____

What type of feed and hay is currently being provided? (Please list brand/type and amount fed for each): _____

Where do you currently purchase your feed? Hay? _____

Please note additional personal financial data may be required at a later date to support your participation in the Equine Welfare Network's Assistance Program.

By signing this application, I certify that:

- I am 18 years of age or older and I am the current owner of the equine(s) listed above.
- The information contained in this application is true to the best of my knowledge.
- I give Equine Welfare Network Inc. permission to contact my veterinarian, farrier, boarding facility and other references deemed necessary in regard to the equine(s) listed above.

Signature: _____ Date: _____

Staff: _____ Date: _____