



**US HORSE WELFARE And RESCUE NATIONAL COALITION
APPLICATION FOR TEMPORARY RELIEF/ASSISTANCE WITH HAY/FEED**

Applicant Name: _____
Applicant Address: _____
Applicant Town: _____ Preferred phone number: _____
Email Address: _____
Name/phone of current Veterinarian: _____
Date of last Vet visit: _____
Name/phone of current Farrier: _____
Date of last farrier visit: _____
Name(s)/number of current grain and/or hay supplier: _____
By giving us the names and numbers of the above people, you are also giving us permission to contact them as a reference for your situation. Physical location of horses if different than applicant residence: _____
How many Equines are in need of assistance: _____
Do you have any pregnant mares or stallions on your property? ___ Yes ___ No
If you have stallions, are you interested in gelding them? ___ Yes ___ No
Are you interested in safe surrender of one or more of your horses to us? ___ Yes ___ No Would you allow a USHWR-NC volunteer or another animal professional to make a scheduled visit to your equines? ___ Yes ___ No

Have you ever been contacted by an animal control officer about your Equines? If yes, please explain.

Do you agree to not give away or sell any products we might provide to you? ___ Yes ___ No
Please explain why you are currently in need of assistance, what you need for your Equines, and the duration you feel you will need assistance for.

I certify that the information I have provided above is truthful to the best of my knowledge.
Signature: _____ Date: _____

USHWR-NC Contact information:
Susan Mitchell, USHWR-NC, 345 Waterville Rd, Avon, CT 06001
SusanMitchell@USHorseRescue.org