

Equine Assistance Fund Application

Name _____

PO Box/Street _____

City _____ State _____ Zip _____

Are you over the age of 18? Yes No

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

What is the best way to reach you? _____

How many equines do you currently own? _____

Please list the name, age, breed, sex of each equine you own _____

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

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

What is the length of time you expect to need help? _____

Please describe your plan for caring for your animal(s) once the assistance period expires _____

Have you applied for assistance from any other organizations? If so, which organizations? _____



Massachusetts SPCA

Do you have proof of ownership? _____

Do you keep the equine(s) on your property? Yes No

If not, where do you keep your equine(s)? Please include name, address and phone number for the facility _____

Veterinarian (Name & Phone) _____

Date & reason for last visit _____

Are vaccinations current? Yes No

Please list the date of last vaccinations and types of vaccine _____

List any ongoing medical conditions (allergies, founder, lameness, etc.) _____

Date of last teeth floating _____

Date of last deworming and dewormer type _____

Farrier (Name & Phone) _____

Date of last hoof trimming _____

Behavior for Farrier _____

What type of feed is currently being provided? (Please include name, brand, and amount for grain and type of hay and quantity being fed) _____

Where do you currently purchase your feed? _____

Please list any behavioral issues _____

Please describe your equine's temperament _____



Massachusetts SPCA

Please note that additional personal financial data may be required at later date to support your participation in the MSPCA Equine Assistance Program.

By signing this application, I certify that:

- **I am over the age of 18 and I am the current owner of the equine(s) listed above.**
- **I have disclosed all medical and behavioral issues as well as special care instructions for this horse.**
- **I give the MSPCA permission to contact the veterinarian, farrier, and other references listed on this application to obtain medical records and receive consultation in regards to this horse.**
- **All information in this application is truthful to the best of my knowledge.**

Signature _____

Date _____

Print Name _____

Staff _____

Date _____