

Operation Gelding Application

Operation Gelding is a collaboration of veterinarians and rescue organizations with the assistance of a grant from the Unwanted Horse Coalition to ensure that equine owners without sufficient resources can still have access to castration surgeries. Several gelding clinics will be scheduled across the state during the spring and fall. Through this program, owners who qualify may bring their stallions for gelding to the closest vet clinic listed below, on a first come, first served basis. Operation Gelding requires that individuals provide the requested information regarding income, family size and horse information so that we can provide financial assistance in a fair and consistent manner. All information will be kept confidential. Your application can be completed online, dropped off at the vet clinic or mailed.

Please allow two weeks to process your application. Those who are eligible will pay \$20 to the participating veterinarian who normally earns a fee in excess of \$120 for this procedure. Assistance will be determined based on a thorough review of the application. You will be notified by telephone within two weeks if your application has been approved or if you need to submit additional information. Assistance will be awarded on a first come, first served basis, subject to available resources.

REQUIREMENTS:

- Gelding vouchers are offered to LOW INCOME individuals and families only. Commercial operations and breeding farms are excluded from this offering unless they are stopping all breeding operations.
- All male equines on the property must be gelded or slated to be gelded through this program to qualify.
- It is the owner's responsibility to schedule the appointments with their local veterinarian.
- Voucher shall not exceed \$100 per animal.
- Gelding vouchers will be paid directly to the veterinarian after the service has been performed.
- Attending veterinarian must complete a gelding statement with invoice for payment.

To process your application, we need one of the following:

- Copy of last two pay stubs, social security or disability checks
- Copy of last two bank statements showing amount of monthly deposit.
- Documentation of any public assistance such as food stamps, rent subsidy, disability, etc.

Send Documentation to TheSafeHorseProject@gmail.com
or mail to

The Safe Horse Project
P.O. Box 1876
Madison, MS 39130

If you don't have any of the documents required, please write a letter explaining your personal financial situation. Confidentiality Financial documents submitted to Operation Gelding will be used to determine eligibility for this program and will be reviewed by the designated rescue organization's staff. Financial documents will be held confidential and will not be shared with any non-participating organizations or disclosed to any other person except in response to valid subpoena issued by a court or agency of competent jurisdiction.

Please fill out the following Application to the best of your knowledge. Sign and date the bottom, and either email or mail it.

* First Name:

* Last Name:

* Address:

* City:

* State:

* Zip:

* Home Phone:

* Work Phone:

* Email:

* Employer:

* Date of Birth:

2nd Adult in Household

First Name:

Last Name:

Email:

Employer:

Work Phone:

Dependents Living in Household

* Number of Dependents:

Dependent Ages:

Annual Household Income Before Taxes Taken Out, enter 0 if none to report.

	Head of Household	2nd Adult in Household
* Employment	<input type="text"/>	<input type="text"/>
* Child Support	<input type="text"/>	<input type="text"/>
* Government Assistance	<input type="text"/>	<input type="text"/>
* Food Stamps	<input type="text"/>	<input type="text"/>
* Student Loan	<input type="text"/>	<input type="text"/>
* Other	<input type="text"/>	<input type="text"/>
* Total	<input type="text"/>	<input type="text"/>

* Describe any unusual expenses you must meet:

* Number, breed and sex of your horse(s)/equine(s):

* Please list all male equines to be castrated through this program:

	Name	Breed	Age
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Equine Veterinarian Name:

* Address:

* City:

* Phone:

I certify that the above information is true and complete to the best of my knowledge and that I own or have full authority to geld the animal(s). I agree to the requirements as set forth in this document.

I understand that false or incomplete information could jeopardize my financial assistance. I understand that the veterinarian is performing services for me, not the Safe Horse Project, and that the Safe Horse Project is not obligated to provide financial assistance even after it is approved by the Safe Horse Project. I agree to indemnify, defend, and hold the Safe Horse Project harmless and free of liability for any claim arising out of my participation in the Geld Program. I attest that all my male equines are or will be castrated once services through this program are finalized.

* Digital Signature:

* Date: