S.A.F.E. Community Outreach Program

Application for Assistance

Name: _____ Date: _____

Residential Address (no P.O. boxes):

Street: _____ City/Town: _____

State: Washington   Zip Code: _____

Physical Location of Horse(s) for Site Check:

Street: _____ City/Town: _____

State: Washington   Zip Code: _____

Name of Facility, if boarded: _____

Barn Manager Name: _____ Barn Manager Phone:_____

How many horses do you currently own or otherwise possess? _____

Provide brief description of each horse:

1) Age: _____ Sex (mare, gelding, or stallion): _____ Breed: _____
   Current condition (excellent, good, fair, poor):_____
   If condition is fair or poor, please describe concerns:
   _____
   _____
   _____

2) Age: _____ Sex (mare, gelding, or stallion): _____ Breed: _____
   Current condition (excellent, good, fair, poor):_____
   If condition is fair or poor, please describe concerns:
   _____
   _____
   _____

3) Age: _____ Sex (mare, gelding, or stallion): _____ Breed: _____
   Current condition (excellent, good, fair, poor):_____
   If condition is fair or poor, please describe concerns:
   _____
   _____
   _____

What kind of assistance are you requesting? Check all that apply.

Hay and Grain: _____   Farrier Care: _____

Gelding procedure: _____

Other Veterinary Procedure (please describe):

_____
_____

How many months of assistance are you requesting: One month _____   Three months _____

Veterinarian Contact Information

Name: _____   Clinic Name:_____

Phone Number: _____

Farrier Contact Information

Name: _____   Phone Number: _____

Feed Store Information

Name: _____   Phone Number: _____

Annual Household Income: _____

Reason for requiring financial assistance:

_____
_____

I understand my application to Save a Forgotten Equine (S.A.F.E.) is subject to a site check where my horse or horses currently reside. _____

I understand my horses must be in reasonably good health and not showing signs of moderate or severe neglect. _____

I understand that in order to receive financial assistance, my horses must currently have access to a clean and safe shelter, reasonably safe fencing, and access to clean food and water. _____

I give permission for S.A.F.E. to communicate with my veterinarian, farrier, and barn manager or other relevant persons about the current condition and needs of my horses. _____

 I understand that, if S.A.F.E. approves my request, funds will be provided directly to the feed store or service provider, not to myself. _____

I understand approval of my application is subject to my providing a plan to either be financially capable of caring for my horses' needs within three (3) months OR a plan to responsibly rehome my horses within three (3) months. _____

Action Plan

Please describe, in detail, your realistic plan to either a) become financially capable of supporting your horses OR b) to responsibly rehome your horses within three (3) months.

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Printed Name

_____   _____

Signature   Date