



Emergency Equine Assistance Application

Requirements for Participation: This program is designed to assist individual equine owners who need emergency financial assistance with necessary equine care. All applications must be signed and payments will be made directly to the service provider. One application will be accepted per owner. Requests for more than \$200.00 may require additional proof of your financial condition.

Please allow 7-10 days for approval and processing of non-emergency requests. Add an additional page if you require room for any of the items below.

Owner/Equine Info

Full Name: Phone #:
Address:
Email Address:
Equine Types: Horses Mules Donkeys Minis Other
Equine Names (with ages):
Are your equines at your home or a boarding facility?
Please provide a brief explanation of why you need assistance?
Provide an estimated number of weeks you are requesting assistance?

Requested Assistance

Hay Feed Veterinary Care Board Other Please fill in section(s) that apply
Estimate the number of bales per day per week
Type:
Estimate the number of bags of grain or other forage per day per week
Brands:
Veterinarian's Name/Phone Number:
Boarding Facility Name/Phone Number:
Other:

Please provide three references (including two professionals) name and contact information:

Have you applied for this program before? Yes No
Have you applied for other programs? Yes No if so what program?
Have you ever been charged or convicted of animal neglect cruelty?
If yes, explain:

Signature: Date:

\*\*By signing you are agreeing that everything stated above is true and accurate



***Emergency Equine Assistance Program  
Participant Agreement and Release of Liability***

*I understand that by applying for DEC Emergency Equine Assistance Program I am giving DEC permission to contact my veterinarian, farrier and/or other health provider named in my application and any other references named in my application. I hereby give permission for any of the named individuals to provide information to DEC regarding the equine(s) named in my application, my personal circumstances that have caused me to apply for assistance and any other information required to corroborate the information I have supplied with my application.*

As a participant in this program, I understand and agree to the following:

1. DEC does not inspect hay that I might receive from the vendor. It is my responsibility to inspect the hay and/or feed before taking possession of it. If the hay is of reasonable quality, is not moldy and is not contaminated and DEC will consider it acceptable. If I have difficulty with a vendor, I will report any issues to DEC with details of the problem.
2. It is my responsibility to use all of the financial resources available to me (i.e. credit, savings, etc.) to pay for hay/feed before applying for the program.
3. As with any sudden alteration of forage or feed in an equines diet, there are associated risks. As a participant, I agree to discuss any and all associated risks with my equine health care provider. I also agree that I will not hold DEC responsible for any outcome resulting from those risks.
4. The vender credit issued by DEC is to be used for the specific dollar amount and for the equine(s) named in my application. I understand that it is my responsibility to pay the vendor or service provider any amount in excess of the amount approved and issued by DEC Emergency Equine Assistance Program.
5. If I request any additional services from the person(s) providing the goods or services under this agreement (the provider), I am responsible for making payment to the provider for those additional services. Those services include but are not limited to delivery and stacking hay upon delivery.
6. If my application is approved I will be notified by email from DEC, and approvals expire 90 days after the approval date. Any unused funding at the end of the 90 days will revert back to the Assistance Fund.
7. The approved funds cannot be used as reimbursement for purchases made prior to program approval.
8. I certify that all of the information provided in my application is true, correct and complete to the best of my ability.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Best way/time to reach you: \_\_\_\_\_



## *Emergency Equine Assistance Program Frequently Asked Questions and Answers*

**Summary:** *DEC Emergency Equine Assistance Program is a payment program designed to assist horse/equine owners who demonstrate financial need with the cost of hay, feed or veterinary services for their equines. Payments will be to the feed/hay suppliers or veterinarians to cover actual, documented out-of-pocket expenses incurred by the horse/equine owner.*

**How it will be funded?** DEC will supply a specified dollar amount from its treasury and be open to donations to that fund from concerned equine enthusiasts or businesses. Any donated funds will be earmarked for the Emergency Equine Assistance Program and the Board of Directors may, at its discretion, provide additional funds for this purpose as they are available.

**Who will qualify for this program?** Individual equine owners may apply for assistance. An Equine Health Care Assistance Committee will review applications for completeness and documentation of expenses and the degree of financial need, and will grant payment based on the funds that are available.

**Who will not qualify for program?** Commercial entities of any kind, breeders, racing and businesses are ineligible to apply for the program. Individuals who have previously been convicted of animal cruelty or neglect are not eligible to participate in this program.

**How does the purchase and payment of product or services work?** If your application is approved, the DEC will send you a letter for the approved purchase amount, which you must print out and retain. Note that the DEC will issue a dollar amount to be used at a specified vendor. We will refer you to a specific hay/feed vendor who has agreed to work with the program to arrange your purchase. DEC strongly recommends that you contact the vendor before making the purchase, notifying them that you have a DEC letter to negotiate the amount of product you can purchase with your account. When you purchase product from the vendor you must present your letter to verify your eligibility. If the value of product purchased exceeds the prepaid amount you will be responsible for the difference. You will need to sign for your purchase to indicate that you received the product.

**How often can a horse owner receive approval?** In general, program recipients will be limited to one approval per application. DEC may make exceptions in extreme circumstances at its discretion, but may condition the granting of additional funds with requirements for additional documentation.

**What dollar amount will be approved?** The amount approved will be at the discretion of the DEC's Emergency Equine Care Assistance Program Committee. Payment amounts will vary depending on the number of horses, agreed upon term of assistance and availability of program funds, with a maximum amount being \$200.00 per application.

### **What else do I need to know?**

- All participants in the program will be required to sign a release allowing DEC to contact those individuals provided on the application form directly, and relieving DEC of any liability that may be a result from any documentation or personal information obtained in determining eligibility.

- All Participants in the program will be required to sign a release relieving DEC of liability for quality of product purchased and any risk involved in changing equine forage and/or feed needed during the period of time you need assistance.
- To help expedite the processing of your application, and the success of using this program, please take the time to be as accurate as possible in assessing the amount of product needed.
- After you submit an application, if your request is approved you will receive a document via email from the DEC Emergency Equine Assistance Fund Committee indicating the amount approved and the vendor you will purchase from. You will not be able to purchase product with this document. If the DEC is unable to grant your request, you will receive notice via email advising you of that fact and the reason why your application was not approved.
- All payments are made by the DEC Treasurer directly to the approved Vendor/Veterinarian, and NOT to the individuals.

***To request more information or an application be visit [www.delawareequinecouncil.org](http://www.delawareequinecouncil.org) or contact a Delaware Equine Council Board Member.***