



MHWC Assistance Application

To request assistance, please complete the form below in its entirety and the someone will be in contact with you within 48 hours. Incomplete applications cannot be processed.

Name

First Name Last Name

Email

example@example.com

Phone Number

Area Phone Number
Code

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

What type of assistance do you need?

- Hay
 - Feed
 - Gelding or castrating
 - Euthanasia
 - Hoof care
 - Veterinary care
 - Surrender or placement
- _____

How many horses need assistance?

Are the horses on your premises?

- Yes
- No

If not, where are the horses?

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Basic background information

Have you been contacted by animal welfare authorities with concerns about your animals?

Yes

No

Are there stallions on the property?

If yes, are you willing to have them gelded?

Yes

Yes

No

No

Are there pregnant mares or mares in foal on the property?

Yes

No

Name of your veterinarian

First Name

Last Name

Date of last veterinarian care (if you know)

Date of last dental work (if you know)

Will you allow a representative of the Welfare Coalition to contact your veterinarian about your horse(s) ?

Yes

No

Name of your Farrier or hoof trimmer

First Name

Last Name

Date of last hoof trim or farrier work (if you know)

Describe assistance needed

What is immediate concern regarding your horses?

Please provide a description of your financial need and assistance request.

How did you hear about the Minnesota Welfare Coalition's assistance programs?

At this point in the application, you can scroll down to complete just the section for the specific assistance program you are applying for. Then complete the checkboxes at the end and submit. Someone will respond to you within 48 hours. Incomplete applications cannot be accepted.

Euthanasia Assistance

Fill out this section only if you are seeking euthanasia assistance. After completing this section, scroll down and submit the form.

Name of horse

Age

What are the circumstances that led to your decision to euthanize your horse?

Hay Bank Assistance

Fill out this section only if you are seeking hay or feed assistance. After completing this section, scroll down and submit the form.

Hay grants are available for temporary, short-term help. Please [see guidelines](#). The Minnesota Horse Welfare Coalition Hay Bank provides approved funds directly to your hay vendor. The hay vendor is required to complete a [W9 form](#) to be eligible for the hay grants.

Name of your hay supplier

First Name Last Name

Hay vendor phone number Location of hay supplier

Area Phone Number City State / Province
Code

How long will your current hay supply last?

Do you agree not to sell, give away or transfer any hay you receive that was purchased through the Hay Bank?

Yes

No

Castration Assistance

Fill out the next section only if you are seeking castration assistance. After completing this section, scroll down and submit the form.

The castration grants are paid directly to the veterinarian who is doing the procedure. The grant must be applied for and approved in advance of the procedure.

The Unwanted Horse Coalition offers castration assistance grants through their Operation Gelding program. As your first step, please contact them at this address <http://www.unwantedhorsecoalition.org/voucher-program/>. For additional financial support, fill out the next section.

How many of your stallions need castration? If there are 3 or more, you may be eligible for an onsite clinic.

What is the age (if known) of the stallion(s)? Are they halter broke and have they been handled?

Has your stallion been diagnosed as cryptorchid (undescended or retained testicle(s))?

Yes

No

By submitting this application, I agree to be bound by the terms below.

By submitting this application and requesting and/or receiving hay, feed or other equine assistance or transaction, you specifically agree, on your behalf and on behalf of your heirs, executors, assigns, not to bring any legal action in any court of law or equity against the Minnesota Horse Welfare Coalition,

The Minnesota Hay Bank or any of its affiliated, related or member organizations, volunteers, agents or designees under any theory of liability arising from your application, request and/or receipt of hay, feed or other equine assistance or transaction. You further agree to indemnify and hold the Minnesota Horse Welfare Coalition, the Minnesota Hay Bank and its affiliated, related or member organizations, volunteers, agents or designees harmless from a breach of these terms.