

## **Equine Hay Bank Application**



## Requirements for application:

- Single family horse ownership (not a non-profit, rescue, or foundation)
- A safe facility to maintain the horse
- Proof that horse is receiving appropriate care
- Documented financial need due to unemployment or financial hardship

Applicant Information					
Name:				Phone:	
Current Address:					
City:	State:		Zip:		
Own Rent		How Long?			
Are you or your spouse currently employed?				Combined a	nnual income:
Reason for Financial Assistance:					
Horse Data:					
Location and description of facility where horses are kept:					
Name and phone of veterinarian:					
Date of last vet visit:					
Are you the legal owner of all horses listed below? Yes No					
Horse's name		Age	Health conditio	n	
References:					
Name	Address			Phone	
Will you be able to care for your equine after our support has ended and if so, what is your plan?					
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There may be a site visit by DCTC to verify conditions of equine, facility, and to confirm financi				ntirm financia	
Signature of Applicant:				Date:	