



WISCONSIN HORSE COUNCIL EQUINE FEED BANK PROGRAM

The Wisconsin Horse Council (WHC), Wisconsin Equine Feed Bank Program (WEFB) has been developed to provide equine feed to families that are under significant economic stress and at risk of losing their horses because they are not able to provide adequate feed and care; and, provide support in developing and implementing a plan that will address future feeding and care needs. This program is only able to provide aid for up to 4 horses per household for a maximum of 6 months.

Applications must be returned to the WEFB Program within 30 days of requesting assistance. Please include recent photos of your equine. (No more than 30 days old) This program is not available to horse operations that are managed as businesses.

Assistance Application for Private Equine Owner

Name: _____

Address: _____

(Street)

(City, State, Zip Code)

Phone: _____

Email address: _____

Horse Data

Physical address of horses if different than above _____

Number of horse for which you are requesting aid _____

Number of: Stallions/stud colts _____ Mares _____ Geldings _____

Pregnant mares _____

Are you the legal owner? _____

Please check any of the following health maintenance activities these horses have received this year.

_____ Dewormed

_____ Tetanus

_____ Eastern Equine Encephalomyelitis (EEE)

_____ Western Equine Encephalomyelitis (WEE)

_____ West Niles Virus

_____ Rabies

_____ Other (please specify) _____

On a separate piece of paper, please describe your situation, including reasons for current difficulty in providing adequate care for your equine and your plan to prevent this type of problem in the future.

Please review the following statements and initial next to each to document your agreement.

I will allow a representative of the Wisconsin Horse Council, Wisconsin Equine Feed Bank Program (WEFB) and/or an animal care professional to visit my property to assess the needs of all equine on the premise. I understand that follow-up visits may be necessary. _____

I understand that I may not sell, give away, or transfer any feed received from the WEFB. If I have feed left that I do not intend to use, I will notify the representative that has been assigned to my case to determine what to do with the unused feed. _____

I give permission for a representative of the WEFB program to contact my veterinarian with any questions he/she may have pertaining to the past, present, or on-going care of my equine. _____

I am willing to assist with fund raising activities to support the WEFB Program. _____

I will not engage in horse breeding while working with this program. _____

I am willing to provide a letter of recommendation from an equine professional or credible member of the equine community. _____

I agree that suppliers of feed, WCH, and WEFB will bear no liability for their support of this program and my horse feeding needs. _____

By signing this application, I authorize a WHC, WEFB program representative to contact local authorities for follow-up on the action program that is developed to resolve my equine feed and care needs. _____

I hereby attest that all information I have submitted in the application is accurate.

Signature _____ Date _____

(This application is an adaptation of an application for the Oregon Hay Bank Program)