



# Community Equine Outreach of Eastern Washington

## Equine Assistance Fund Application

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you over the age of 18 ? \_\_\_\_\_ How many equines do you currently own? \_\_\_\_\_

Please list the name, age, breed, sex of each equine you own \_\_\_\_\_

\_\_\_\_\_

Where did you get this horse? (Bought, given to you, raised, adopted etc.) \_\_\_\_\_

\_\_\_\_\_

What is the equine's current condition \_\_\_\_\_

What type of assistance are you seeking and Why? \_\_\_\_\_

\_\_\_\_\_

How long do you expect to need assistance? \_\_\_\_\_

\_\_\_\_\_

Please describe your plans to rectify the current situation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can you provide proof of ownership? \_\_\_\_\_ Form of proof \_\_\_\_\_

Where are the horses currently living? \_\_\_\_\_

Veterinarian (Name & Phone) \_\_\_\_\_

Date & reason for last visit \_\_\_\_\_

Date and type of last immunizations \_\_\_\_\_

Date of last teeth floating \_\_\_\_\_ Date of last deworming \_\_\_\_\_

Farrier (Name & Phone) \_\_\_\_\_

Date of last hoof trimming \_\_\_\_\_

What type of feed is currently being provided? (Please include name, brand, and amount for grain and type of hay and quantity being fed)

\_\_\_\_\_

List any ongoing medical conditions (allergies, founder, lameness, etc.)

\_\_\_\_\_

Please list any behavioral issues

\_\_\_\_\_

\_\_\_\_\_

**For those seeking euthanasia assistance please complete this portion**

Have you attempted to rehome the horse? \_\_\_\_\_

\_\_\_\_\_

Will you consent to an evaluation by our veterinarians? \_\_\_\_\_

If the horse is deemed a candidate for rehabilitation and adoptable, are you willing to relinquish ownership to CEOEW? \_\_\_\_\_

\_\_\_\_\_

Are you able to provide your own burial or disposal of the equine? \_\_\_\_\_

\_\_\_\_\_

**By signing this application, I certify that:**

**I am over the age of 18 and I am the current owner of the equine(s) listed above.**

**I have disclosed all medical and behavioral issues as well as special care instructions for this horse.**

**I give the CEOEW permission to contact the veterinarian, farrier, and other references listed on this application to obtain medical records and receive consultation in regards to this horse.**

**All information in this application is truthful to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return your form via email : [communityequineoutreachofewa@yahoo.com](mailto:communityequineoutreachofewa@yahoo.com)  
If that is not possible, call CEOEW for other arrangements 509-222-8994