

Gelding Assistance Request Form

The Foothills Equine Rescue Assistance (FERA) Gelding Program was established to ensure that equines whose owners **could not** otherwise afford the service, may be gelded regardless of their caretakers' financial situation.

Advance approval for the service is **not** necessary. In the event that the veterinarian's client needs an equine gelded but cannot afford the service, veterinarians may geld the equine with confidence that FERA will reimburse the servicing veterinarian up to \$150 per animal (maximum \$300 per household).

Guidelines

- Services must be invoiced within 30 days – invoice to include name, breed, gender, and age of the equine(s)
- Invoice must be accompanied by the Gelding Assistance Request Form (this form)
- FERA reimbursement limited to **\$150 per equine or maximum of \$300 per household**
- Client is responsible for cost (if any) of aftercare
- Funding is limited and available on a first come first served basis

Vouchers will be awarded on a first come, first serve basis, **subject to available resources.**

Veterinarian's Name _____ Email _____
 Address _____ Phone _____
 City _____ State _____ Zip _____
 Practice _____ Work Phone _____

Date of Gelding Service: _____

Please list all equines gelded through this program for this client/household:

| Name | Gender | Breed | Age |
|------|--------|-------|-----|
| 1 | | | |
| 2 | | | |

I certify that the above information is true and complete to the best of my knowledge and that I gelded the above equines at the request of the client. In my opinion the client had limited financial means and was unable to pay for the full cost of gelding this equine(s). I agree to the requirements as set forth in this document.

I understand that false or incomplete information could jeopardize payment of the gelding assistance voucher. I understand that the services I performed were for the client, not FERA. I agree to indemnify, defend, and hold FERA harmless and free of liability for any claim arising out of my participation in the FERA Gelding Assistance Program.

I certify that there exists a veterinarian-client-patient relationship and that I have provided gelding services consistent with the relationship.

Signature _____ Date _____

For reimbursement submit form b mail or email to address below.
For questions call Margo Savage 864-399-3473

For Office Use Only

| | |
|-----------------------------|-----------------------------|
| Received on _____ by _____. | Reviewed on _____ by _____. |
|-----------------------------|-----------------------------|

Submit to: **FERA VOUCHER PROGRAM**
 PO BOX 14
 Columbus, NC 28722
 info@ferancsc.org