

Euthanasia Assistance Request Form

The Foothills Equine Rescue Assistance (FERA) Euthanasia Program was established to ensure that aged, injured, or unwanted equines that are unlikely to be adopted and whose owners **could not** otherwise afford the service, may be euthanized regardless of their caretakers' financial situation.

Advance approval for the service is **not** necessary. In the event that a client needs an equine euthanized but cannot afford the service, veterinarians may humanely end the equine's life 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 Euthanasia Assistance Request Form (this form)
- FERA reimbursement limited to **\$150 per equine or maximum of \$300 per household**
- Client is responsible for carcass disposal (Contact FERA for disposal options available in your client's area)
- 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 _____

Describe the reason for euthanizing the equines:

Date of Euthanasia Service: _____

Please list all equines euthanized 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 euthanized 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 euthanasia. I agree to the requirements as set forth in this document.

I understand that false or incomplete information could jeopardize payment of the euthanasia 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 Euthanasia Program.

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

Signature _____ Date _____

For reimbursement submit form by mail or email to address below.

For questions call Margo Savage at 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