



UHC Operation Gelding Program - CLINICS Application for Clinic Funding

Applications are accepted up to 6 months prior to the clinic and MUST be received at least 30 days prior to the clinic. Applicants are encouraged to apply as early as possible as funds are limited each year. Applications will be reviewed on a rolling basis and notification will be sent via email within 10 business days. Submission of an application by the deadline date does not guarantee funding will be awarded.

Information Required (must be complete and typed or in print)

Name of Organization: _____

Contact Name / Title: _____

Phone: _____ Email Address: _____

Mailing Address: _____

Date of Clinic: _____ Rain Date: _____ (within 90 days)

Location of Clinic: _____

Amount of Funding Requested: \$60/horse \$100/horse

In submitting this application, Applicant hereby releases, discharges, and covenants not to sue American Horse Council and its members, the Unwanted Horse Coalition ("UHC") and its members, and each of their respective administrators, directors, agents, officers, members, volunteers, and employees, and, if applicable, owner and lessors of premises on which the activities take place, (collectively, "Releasees") from all liabilities, claims, demands, losses, or damages whenever or however arising as to injury, death and/or property damage occurring as a result of Applicant's or a participant's participation in the UHC gelding program or caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise.

Applicant agrees to indemnify, hold harmless and defend Releasees from any and all liability, whenever or however arising, from all third party (for the avoidance of doubt, "third party" includes a participant) claims, demands, causes of action, suits, judgments, liabilities, costs and expenses of any nature arising out of (a) Applicant's and/or a participant's negligent act(s) or omissions during or related in any way to the activities; and/or (b) Applicant's and/or a participant's willful act(s) or omission(s) during or related in any way to the activities; and/or (c) any misinformation or misrepresentations made by Applicant and/or a participant in this agreement. Applicant agrees to pay the reasonable costs, expenses and reasonable attorney fees incurred by Releasees, arising directly or indirectly out of or with respect to any third party claims or associated with the enforcement of the indemnity obligations. Schools/Colleges of Veterinary Medicine verify that the clinic is an educational experience for students.

I have read and understand the eligibility requirements and program guidelines as printed in the *Funding Guidelines & Application Process* (including insurance; breeder exclusion).



I would like to apply for microchips to be inserted in horses participating in our Operation Gelding Clinic.

Number of chips requested: _____

I certify that the veterinarian performing the geldings at the clinic has agreed to insert the microchips.

AAEP-Member Veterinarian
(Name and Phone Number):

List other sources of funding
and the amount contributed by each:

**Submit this form to:
Ashley Furst, Director
Unwanted Horse Coalition
1616 H Street, NW, 7th Floor
Washington, DC 20006
afurst@horsecouncil.org**

Signature: _____

Date: _____

OFFICE USE: Date Received: _____ Date Documents Received: _____ Amount: _____
Date Approved / Declined: _____ Date Check Mailed: _____
Date Microchips Shipped: _____