

**WESTERN MONTANA EQUINE RESCUE & REHABILITATION  
HAY BANK ASSISTANCE APPLICATION**

*Applicant must be the horse(s) owner, over 18 and be able to provide proof of ownership. This application is for individual horse owners only.*

Applicants full name  Date

Full physical address of applicant

City, State Zip

Phone  Email

How many horse(s) in need?

Location of horse(s)

If location of horse(s) are separate from owner, provide contact for on-site visit.

Name, address & phone no.

(Please note: It is your responsibility to notify your boarder that we will be contacting them.)

Note if any of the following horses are: stallions, gestating mares, broodmares, foals:

**List horses:**

Name	Age	Color/Breed/Gender	Yrs. Owned
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Do any of the horse(s) have special needs? i.e. senior feed, hoof issues, under current vet care, etc....

Veterinarian:  Phone no.

List full contact info on two references who can confirm prior adequate horse care has been provided.

(farrier/trimmer and trainer/instructor preferred):

**PLEASE WRITE YOUR STATEMENT OF NEED FOR HAY BANK ASSISTANCE:**

Please review the following statements and initial next to each to confirm that you understand and agree to each.

- ◆ I understand all applications are evaluated case-by-case and those with greater need are considered first.
- ◆ I am not a professional horse trainer, manager/owner of a boarding facility, or engage in horse breeding or promotion.
- ◆ I will allow a representative of WMERR and/or law enforcement to visit the horse(s) location to assess the needs of all equines there, hay storage area and condition of the environment. I also understand follow up visits may be necessary.
- ◆ I give permission for a representative of WMERR to contact my veterinarian in order to verify adequate past, present and ongoing care of my horse(s).
- ◆ I give permission for my references to be contacted.
- ◆ I understand that I may not sell, give away,  or transfer any hay received from the hay bank.
- ◆ I am willing to help replenish the hay bank funds I have been allotted.

Please provide the name of at least two suppliers who normally supply your feed or hay. Be certain that the supplier(s) listed are trusted by you, as the Hay Bank Assistance program will only authorize payment directly to the supplier(s).

Phone no.

Phone no.

For further consideration you may include with this application documentation of financial hardship, loss of job, medical condition, etc.

WMERR is aware of the possibility of sensitive information provided by the applicant as a necessary component to show proof of need. All information and communications regarding this application is kept confidential with exception to a law enforcement investigation.

I have read and understand the contents of this application.

Signature  Date

(Your printed name here if returned by email.)