



# Application Form

For the broodmare whose breeding days are over. For the Thoroughbred that's just not fast enough. For the workhorses. The pasture pets. The foals that fell through the cracks. We're for seeing inner beauty when you can only see ribs, looking past a shaggy coat and untrimmed hooves, turning sad eyes into happy stories. Here's how we can help you:

- Step 1:** Submit an application for core equine vaccines through the Unwanted Horse Veterinary Relief Campaign (UHVRC).
- Step 2:** Work with a veterinarian who is a member of the American Association of Equine Practitioners (AAEP) to complete the UHVRC application, facilities checklist and equine vaccine order form. (Review application checklist at end of page 5.)
- Step 3:** Submit available support materials as described in the application checklist on page 5.
- Step 4:** Forward the UHVRC application and vaccine order form to the AAEP office for consideration and approval.
- Step 5:** Upon approval by the AAEP, the equine vaccine order form will be forwarded to Merck Animal Health Customer Service to ship the equine vaccines you need to care for the horses at no cost, improving the horses' health and freeing up dollars to save more. (Vaccines will be shipped after February 1, pending approval of your application.)

## APPLICATION TIMELINE

Applications must be received by **February 1** to be considered for receiving complimentary equine vaccines. The length of time required for review and approval of vaccination funding will be at the discretion of Merck Animal Health and the AAEP. (Note: One application per rescue/retirement facility per year will be accepted. Only horses, which may include donkeys, mules, burros and miniature horses, within the U.S. will be accepted.)

To be considered for support by the Unwanted Horse Veterinary Relief Campaign, it's necessary to complete the following information. This facilities checklist and equine vaccine order form must be completed in cooperation with an AAEP-member veterinarian as part of the application process. **Both the application and order form must be signed by the horse rescue/retirement facility contact person and an AAEP-member veterinarian.**

**Please note: Upon approval, all vaccine orders will be shipped directly to your veterinarian's office for distribution to your rescue/retirement facility.**

## SECTION 1: Facility Information

Applicants must be a "not-for-profit" 501(c)(3) tax-exempt organization in the United States that follows the AAEP Care Guidelines for Equine Rescue and Retirement Facilities.

Horse rescue/retirement facility name: \_\_\_\_\_

Attach copy of current IRS determination letter indicating 501(c)(3) tax-exempt status.

Horse rescue/retirement facility contact person: \_\_\_\_\_

(Must be primary contact individual between AAEP-member veterinarian and the requesting facility/organization.)

Relationship of individual with facility/organization for which vaccines are requested:

\_\_\_\_\_

Rescue mailing address \_\_\_\_\_  
City/state \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number \_\_\_\_\_ Fax number \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Web site address \_\_\_\_\_

Are you currently receiving other funding for your equine rescue/retirement facility?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what programs and percentage?

Contributions/gifts \_\_\_\_\_% Government grants \_\_\_\_\_% Program services \_\_\_\_\_%

Investments \_\_\_\_\_% Fundraisers \_\_\_\_\_% Sales \_\_\_\_\_%

Other \_\_\_\_\_%

Please describe other \_\_\_\_\_

Are you in compliance with the AAEP Care Guidelines for Rescue and Retirement Facilities?

Yes \_\_\_\_\_ No \_\_\_\_\_

Click here to review guidelines:

<https://aaep.org/sites/default/files/Guidelines/AAEPCareGuidelinesRR2012.pdf>

## Required – Your veterinarian must complete sections 2 and 3

### SECTION 2: Veterinary Information

AAEP-member veterinarian name \_\_\_\_\_

Clinic name \_\_\_\_\_

Clinic shipping address \_\_\_\_\_

Clinic mailing address (if different from shipping) \_\_\_\_\_

City/state \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

E-mail address \_\_\_\_\_

**Please note: Upon approval, all vaccine orders will be shipped directly to the veterinarian's office for distribution to the rescue/retirement facility**

### SECTION 3: Veterinary Checklist for Rescue/Retirement Facilities

Ultimately, the best indicators of proper management of an equine rescue/retirement facility are the physical and emotional health of the horses and the overall improvement in horses previously suffering from disease, trauma or neglect. Unless there is a medical explanation, all horses should regain and maintain an acceptable state of health and well-being with proper care. Allowing rescued horses to deteriorate due to inadequate care; resources or space is no favor to them and can progress to the point of cruelty. Those who take in every animal, regardless of their ability to provide care or refusal to recognize when an animal is suffering, are hoarders, not rescuers. All rescue/retirement organizations should periodically re-evaluate their principles, practices, capabilities and goals with the help of objective, knowledgeable outsiders, such as their AAEP-member veterinarian.

#### SCORING SYSTEM FOR CHECKLIST:

Please refer to the AAEP Web site: <https://aaep.org/sites/default/files/Guidelines/AAEPCareGuidelinesRR2012.pdf> for scoring system details.

Excellent \_\_ 5      Good \_\_ 4      Adequate \_\_ 3      Fair \_\_ 2      Inadequate \_\_ 1

**I. HORSES**

Number at facility \_\_\_\_\_ Maximum capacity \_\_\_\_\_ Located in foster care \_\_\_\_\_

Overall appearance and health \_\_\_\_\_

**II. PREVENTIVE CARE AND BASIC HEALTH MANAGEMENT**

Do you routinely screen each horse for Equine Infectious Anemia (Coggins testing)?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does your facility allow an equine reproduction program? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your facility promote permanent equine identification? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what system of identification (i.e., microchip, tattoo, branding, other)

\_\_\_\_\_

\_\_\_ Parasite control program \_\_\_\_\_

\_\_\_ Vaccination program \_\_\_\_\_

\_\_\_ Dental care \_\_\_\_\_

\_\_\_ Emergency first-aid kit \_\_\_\_\_

\_\_\_ Health records system \_\_\_\_\_

\_\_\_ Injury protocol \_\_\_\_\_

**III. FEED PROGRAM**

\_\_\_ Hay \_\_\_\_\_

\_\_\_ Pasture \_\_\_\_\_

\_\_\_ Grain \_\_\_\_\_

\_\_\_ Supplements \_\_\_\_\_

\_\_\_ Storage of hay, grain and supplements \_\_\_\_\_

\_\_\_ Free access to hay \_\_\_\_\_

**IV. WATER**

Indoor water supply \_\_\_\_\_ Buckets \_\_\_\_\_ Automatic waterers \_\_\_\_\_

\_\_\_ Availability \_\_\_\_\_

\_\_\_ Cleanliness \_\_\_\_\_

Outdoor water supply \_\_\_\_\_ Tanks \_\_\_\_\_ Automatic waterers \_\_\_\_\_ Naturally occurring \_\_\_\_\_

\_\_\_ Availability \_\_\_\_\_

\_\_\_ Cleanliness \_\_\_\_\_

Please list all indoor/outdoor water sources \_\_\_\_\_

**V. PASTURES AND PADDOCKS**

\_\_\_ Cleanliness \_\_\_\_\_  
\_\_\_ Available for turnout \_\_\_\_\_  
\_\_\_ Access to feed and water \_\_\_\_\_  
\_\_\_ Size \_\_\_\_\_  
\_\_\_ Division of horses \_\_\_\_\_

**VI. FENCING**

\_\_\_ Type \_\_\_\_\_  
\_\_\_ Condition \_\_\_\_\_  
\_\_\_ Safety \_\_\_\_\_

**VII. FACILITY**

\_\_\_ Barns \_\_\_\_\_  
\_\_\_ Stalls \_\_\_\_\_  
Size \_\_\_\_\_ Number \_\_\_\_\_ Isolation/quarantine area \_\_\_\_\_  
\_\_\_ Run-in sheds \_\_\_\_\_  
# Full-time employees \_\_\_\_\_ # Part-time employees \_\_\_\_\_ # Volunteers \_\_\_\_\_

**VIII. FARRIER**

\_\_\_ Regular visits \_\_\_\_\_  
\_\_\_ Quality of care \_\_\_\_\_

**IX. HORSE TRANSPORTATION**

Please describe modes of transportation for horses available at this facility (van, truck and trailer, etc.)

\_\_\_\_\_

**X. EQUIPMENT CONDITION**

\_\_\_ Tack \_\_\_\_\_  
\_\_\_ Brushes \_\_\_\_\_  
\_\_\_ Hoses \_\_\_\_\_  
\_\_\_ Hayracks \_\_\_\_\_

**XI. ENVIRONMENT**

\_\_\_ Safety \_\_\_\_\_

\_\_\_ Cleanliness \_\_\_\_\_

\_\_\_ Bedding \_\_\_\_\_

\_\_\_ Manure removal \_\_\_\_\_

\_\_\_ Fly control \_\_\_\_\_

ADDITIONAL VETERINARY COMMENTS - PLEASE SUMMARIZE OVERALL IMPRESSION OF FACILITY

Signature of AAEP-member veterinarian (required) \_\_\_\_\_

Date \_\_\_\_\_

Signature of horse rescue/  
retirement facility/organization \_\_\_\_\_

Date \_\_\_\_\_

**CHECKLIST FOR RESCUE/RETIREMENT FACILITY BEFORE APPLICATION SUBMISSION**

\_\_\_ **Mandatory:** 501(c)(3) tax-exempt status letter

\_\_\_ **Mandatory:** Unwanted Horse Veterinary Relief Campaign application and equine vaccine order form signed and dated by both AAEP-member veterinarian and rescue/retirement facility contact person

\_\_\_ **Reminder:** Box must be checked for compliance of AAEP Care Guidelines for Rescue and Retirement Facilities

\_\_\_ **Mandatory:** Please include support material of rescue/retirement facility and/or information regarding programs, which could include therapeutic riding, owner and/or youth education, adoption, etc. Also, if facility provides an adoption program, you are required to include a sample contract of your adoption program and follow-up procedures. (Note: Additional materials submitted will help improve your application.)

\_\_\_ **Mandatory:** You must be willing to provide the AAEP and Merck Animal Health with follow-up pictures and success stories involving those horses cared for through this vaccination program.

**NOTE: All UHVRC approved vaccine orders will be shipped to the AAEP-member veterinarian. The AAEP highly recommends that all vaccinations be administered by a licensed veterinarian and must follow the laws and regulations of the state where the vaccinations are administered.**



# Application Form

We're for the unwanted horse.

**THE COMPLETED APPLICATION AND EQUINE VACCINE ORDER FORM SHOULD BE SUBMITTED TO:**

**Dana Kirkland**  
American Association of Equine Practitioners  
4033 Iron Works Parkway  
Lexington, KY 40511

Office: 859-233-0147  
Fax: 859-233-1968

dkirkland@aaep.org

<b>FOR OFFICE USE ONLY</b>		
Date AAEP received application and order form	_____	
Approval status	Yes _____ No _____	Date _____
Signature	_____	

Note: When you submit this application, your rescue/retirement facility will automatically be added to the database housed on [www.unwantedhorsecoalition.org](http://www.unwantedhorsecoalition.org)

\_\_\_ Please do not include my organization on [www.unwantedhorsecoalition.org](http://www.unwantedhorsecoalition.org)

## We're for the Unwanted Horse.

At Merck Animal Health and the American Association of Equine Practitioners (AAEP), we are for the road home. Through the Unwanted Horse Veterinary Relief Campaign, we pledge to help the overburdened equine rescue and retirement facilities provide the proper healthcare so they can rehabilitate, revitalize and, ultimately, re-home America's unwanted horses.





The **Unwanted Horse**  
Veterinary Relief Campaign

# Equine Vaccine Order Form

Upon approval of the UHVRC application by the AAEP office, AAEP will forward this order form to the the Merck Animal Health Customer Service/Order Desk for processing.

**Please note change in shipping policy: All vaccine orders will be sent directly to the veterinarian's office for distribution to the rescue/retirement facility.**

**Please print**

Veterinarian name \_\_\_\_\_ Clinic name \_\_\_\_\_

Veterinarian license number (required) \_\_\_\_\_

Clinic/office contact \_\_\_\_\_

Clinic shipping address \_\_\_\_\_

Clinic mailing address (if different from shipping) \_\_\_\_\_

City/state \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

E-mail address \_\_\_\_\_

Veterinarian signature \_\_\_\_\_ Date \_\_\_\_\_

Horse rescue/retirement facility name \_\_\_\_\_

501(c)(3) Tax-exempt # \_\_\_\_\_

Facility/office contact \_\_\_\_\_

Rescue mailing address \_\_\_\_\_

City/state \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

E-mail address \_\_\_\_\_

Number of rescue/retirement horses to be vaccinated \_\_\_\_\_

Date vaccines are needed\* \_\_\_\_\_

**MERCK ANIMAL HEALTH EQUINE VACCINES**

CORE EQUINE VACCINES	PRODUCT CODE	MINIMUM PKG. SIZE (# units/# doses)	QTY. ORDERED
<b>Prestige® V + WNV with Havlogen®</b> <small>(Contains KY93, KY02 &amp; NM2/93 Flu Strains, EHV-1, EHV-4, EEE, WEE, Tetanus and WNV)</small>	086982	1 x 10 mL - 10 doses	
	094938	10 x 1 mL - 10 doses	
<b>EquiRab™ with Havlogen® (Rabies)</b>	032585	1 x 10 mL - 10 doses	
	032396	10 x 1 mL - 10 doses	

Merck Animal Health Customer Service/Order Desk  
c/o Kacey Drake  
10488 S. 136th Street  
Omaha, NE 68138  
Phone: 800.521.5767  
Fax: 800.462.3720  
E-mail: Kacey.Drake@merck.com

\* The AAEP and UHVRC consider each request carefully and deliberately, so requests should be made well in advance of the time needed.

