



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 4:** Step 5: Upon approval by the AAEP, the equine vaccines you need to care for the horses will be shipped to you 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 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/Documents/AAEPRescueRetirementGuidelines2019.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 website for scoring system details:

<https://aaep.org/sites/default/files/Documents/AAEPRescueRetirementGuidelines2019.pdf>

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 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.



Unwanted Horse Veterinary Relief Campaign
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

FOR OFFICE USE ONLY

Date AAEP received application and order form _____

Approval status: Yes _____ No _____

Date _____ Signature _____

We're for the Unwanted Horse.

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.





Equine Vaccine Order Form

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* _____

AVAILABLE EQUINE VACCINES

CORE EQUINE VACCINES	PRODUCT CODE	MINIMUM PKG. SIZE (# units/# doses)	QTY ORDERED
PRESTIGE® 5 + WNV <small>(contains FL13, RI07 & KY02 Flu Strains, EHV-1, EHV-4, EEE, WEE, Tetanus and WNV)</small>	182299	1 x 10 mL – 10 doses	
	192936	10 x 1 mL – 10 doses	
PRESTIGE® EquiRab® (Rabies)	189084	1 x 10 mL – 10 doses	



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