



Lucky Orphans Horse Rescue, Inc.
Equine Hay Assistance Program

Made possible through a grant from the ASPCA
in collaboration with the DCSPCA



Contact Information

Name: _____ Date: _____

Name of business or organization (if applicable): _____

Mailing address: _____ City/State/Zip: _____

Physical address of horse(s): _____

City/State/Zip: _____

County: _____ Email: _____

Phone: _____ Alternate phone: _____

Horse & Property Information

Please check all that are applicable:

<input type="checkbox"/> I am an individual owner of horses	<input type="checkbox"/> I have a private barn w/ multiple horse owners
<input type="checkbox"/> I own a boarding/riding stable	<input type="checkbox"/> We are a 501(c)3 animal welfare organization
<input type="checkbox"/> I buy &/or sell &/or breed horses	Name of Organization: _____
<input type="checkbox"/> I own a feed/tack business	(Animal welfare org's PLEASE SEE PAGE 4)
<input type="checkbox"/> Other _____	

Do you own the property where the horses are located? _____

If No, who owns the property? _____

If No, do you have a lease or rental agreement on the property or do you pay board?
 _____ Is feed included in your agreement? How much do you pay monthly? \$ _____

How many horses are housed on the property? _____ How many belong to you? _____

How many acres of pasture are available to the horses on the property? _____

How many of the horses on the property are stallions? _____ How many of the stallions belong to you? _____

How many of your horses are pregnant or nursing? _____ Do you plan to breed any of your horses in the near future? If Yes, explain: _____

Do you own any horses on any other property? If Yes, how many and where? _____

List any other animals on the property &/or that you own or care for: _____

Complete this section if you are applying for Hay/Feed Assistance

How much hay do you currently have? _____ How many bales do you use per month? _____

Circle the size bale of hay: regular squares large squares round bales Cost per bale? \$ _____

What is the name, address and phone number of your hay supplier? _____

If you feed grain, what kind? _____ How many bags do you use per month? _____

Cost per bag? \$ _____ Who is your grain supplier? _____

Are you applying for hay assistance? _____ Are you applying for grain assistance? _____

If you board, how much do you pay per month? \$ _____ Does this include feed? _____

Veterinarian Reference Information

Veterinarian Name: _____ Phone: _____

Feed Supplier Information

Hay Supplier Name: _____ Phone: _____

Grain Supplier Name: _____ Phone: _____

Planning

What caused the financial hardship you are experiencing? _____

Is this a temporary situation? _____ Would you like assistance to rehome some animals? _____

If so, which ones? _____

If you need assistance (such as spay/neuter or feed) with any domestic animals such as dogs or cats, please contact your local humane society.

What are your plans to secure future care for your horse(s) after any assistance you may receive from the LOHR has been used up?

Do you have plans to receive more animals in the near future? _____ If Yes, please explain: _____

Be sure to include the names, phone numbers and addresses of feed suppliers &/or veterinarians as requested. All funds are paid directly to vendors, not to applicants. LOHR cannot reimburse applicants for past expenses or pay off back bills. LOHR reserves the right to award or decline any application upon its own discretion.

Please note that LOHR may not be able to award the full requested amount. Applicants should continue to search for other assistance.

Have you or another household member applied for Hay assistance in the past? _____

If Yes, when? _____

Do you have any other concerns or questions regarding the health, care or maintenance of your horses? _____

If Yes, explain: _____

By signing this application, I attest that the information I've provided is true and accurate, I give LOHR and/or DCSPCA have permission to perform a site check AND I give LOHR and/or DCSPCA permission to contact the vet and/or feed supplier that I have listed in this application. I also understand and agree to LOHR's terms.

Name: _____

X Signature _____ Date: _____

Thank you for your application. We'll contact you within one week to schedule a site visit. Please return your completed application by email to: luckyorphans@gmail.com or USPS to: Lucky Orphans Horse Rescue, PO Box 334, Dover Plains, NY 12522.

****FOR ANIMAL WELFARE ORGANIZATIONS ONLY****

If you are an animal welfare rescue organization and applying for assistance through the Lucky Orphans Horse Rescue Equine Assistance Program, we will assume you are not actively taking in more animals at this time as this program is for those needing urgent help due to a temporary problem. Please gather and send the following:

1. A copy of your 501(c)(3) determination letter (or IRS letter stating designation is pending)
2. Your mission statement and by-laws
3. Names and contact info of your board of directors
4. Number of paid staff and combined hours per week
5. Number of active WEEKLY volunteers and combined hours per week.
6. Latest annual income (line 12 on the IRS 990)
7. Total expenses (line 17 on the IRS 990)
8. Note anything unusual about your income or expenses during that time period (e.g., a one-time bequest, a building purchase, a special grant, etc.)

As soon as we receive the application and other requested materials we will set up the site visit. Please review your application and the supporting documentation we will need to process your request. You may return the application via email at Luckyorphans@gmail.com or through USPS to: Lucky Orphans Horse Rescue, PO Box 334, Dover Plains, NY 12522