



## Euthanasia Assistance Request Form

The North Carolina Horse Council (NCHC) Euthanasia Program was established to ensure that aged, injured, or unwanted North Carolina horses whose owners **could not** otherwise afford the service, may be euthanized regardless of their caretakers' financial situation.

Advance approval for the service is **not** necessary. In the event that a client needs a horse euthanized but cannot afford the service veterinarians may humanely end the equines life with confidence that the North Carolina Horse Council will reimburse the servicing veterinarian up to \$50 per animal (maximum \$150 per household).

### Guidelines

- Services must be invoiced within 30 days – invoice to include name, breed, gender, and age of the horse(s)
- Invoice must be accompanied by Euthanasia Incident Form (this form)
- NCHC reimbursement limited to **\$50 per horse or maximum of \$150 per household**
- Client is responsible for carcass disposal
- Funding is limited and available on a first come first served basis

Vouchers will be awarded on a first come, first serve basis, **subject to available resources.**

Veterinarian's Name \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Practice \_\_\_\_\_ Work Phone \_\_\_\_\_

Describe the owner's financial/ economic situation: \_\_\_\_\_  
 \_\_\_\_\_

Describe the reason for euthanizing the equines: \_\_\_\_\_

Date of Euthanasia Service: \_\_\_\_\_

Please list all equines euthanized through this program for this client/household:

Gender	Breed	Age
1		
2		
3		

Gender	Breed	Age
4		
5		
6		

I certify that the above information is true and complete to the best of my knowledge and that I euthanized the above animals at the request of the client. I attest that the client had limited financial means and was unable to pay for euthanasia. I agree to the requirements as set forth in this document.

I understand that false or incomplete information could jeopardize payment of the euthanasia voucher. I understand that the services I performed were for the client, not the North Carolina Horse Council, and that North Carolina Horse Council is not obligated to provide financial assistance even after it is approved by the North Carolina Horse Council. I agree to indemnify, defend, and hold the North Carolina Horse Council harmless and free of liability for any claim arising out of my participation in the NCHC Euthanasia Program.

I certify that there exists a veterinarian-client-patient relationship and that I have provided euthanasia services consistent with the relationship.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

Received on _____ by _____	Reviewed on _____ by _____
----------------------------	----------------------------

Submit to: North Carolina Horse Council, 4904 Waters Edge Dr, Suite 290, Raleigh, NC 27606, Fax 919-854-1989