



Gelding Voucher Program

The North Carolina Horse Council (NCHC) is a private, non-profit organization dedicated, through education, to the protection, growth and development of the equine industry in North Carolina. The NCHC Gelding Voucher Program was established to ensure that all equines have access to castration surgeries, regardless of their caretakers' financial situation.

The North Carolina Horse Council requires that individuals provide the requested information on the attached form regarding income, family size and horse information so that we can provide financial assistance in a fair and consistent manner. All information will be kept confidential. Your application can be dropped off, emailed or mailed.

To process your application, we need ONE of the following in addition to the application form:

- Copy of last year's tax return.
- Copy of last two pay stubs (or) copy of social security or disability checks (or copy of bank statements showing amount of monthly deposit).
- Documentation of any public assistance such as food stamps, rent subsidy, disability, etc.
- Student ID if applicable.

(If you do not have a copy of your tax return you can obtain one by calling the Internal Revenue Service. If you did not file taxes last year, or if you don't have any of the documents required, please write a letter explaining your personal situation.)

Assistance will be determined based on a thorough review of the application. Assistance will be awarded on a first come, first serve basis, subject to available resources.

Requirements:

- ✓ Geld vouchers are offered to individuals and families only. Commercial operations and breeding farms are excluded from this offering
- ✓ All male equines on the property must be gelded or slated to be gelded through this program to qualify
- ✓ It is the owner's responsibility to schedule the appointments with their local veterinarian
- ✓ Voucher shall not exceed \$200 per animal or \$400 per household for multiple animals
- ✓ Geld vouchers will be paid directly to the veterinarian after the service has been performed
- ✓ Attending veterinarian must complete a geld statement with invoice for payment

Confidentiality

Financial documents submitted to the North Carolina Horse Council will be used to determine eligibility for this program and will be reviewed by a specially appointed NCHC committee. Financial documents will be held confidential and will not be shared with any non-Horse Council employee or Review Committee Member or disclosed to any other person except in response to valid subpoena issued by a court or agency of competent jurisdiction.

Complete application and return to:
North Carolina Horse Council
4904 Waters Edge Dr., Suite 290
Raleigh, NC 27606

fax 919-854-1989
phone 919-854-1990
cheryl@nchsecouncil.com

North Carolina Horse Council Gelding Program Application

Applicant's Name _____ Email _____
 Home Address _____ Home Phone _____
 City _____ State _____ Zip _____
 Place of Employment _____ Work Phone _____

2nd Adult in Household _____ Email _____
 Place of Employment _____ Work Phone _____

Dependents Living in Household

Number of Dependents _____ Ages _____

Annual Household Income Before Taxes Taken Out

	Head of Household	2 nd Adult in Household
Employment	_____	_____
Child Support	_____	_____
Government Assistance	_____	_____
Food Stamps	_____	_____
Student Loan	_____	_____
Other	_____	_____
Total	_____	_____

PROOF OF INCOME
 Submit Application with
ONE of the following:

- Copy of last year's tax return (or)
- Copy of last two pay stubs (or)
- Copy of social security or disability checks

- Describe any unusual expenses you must meet: _____
- Number, breed and sex of your horse(s)/equine(s): _____
- Please list all male equines to be castrated through this program:

Name	Breed	Age
1		
2		
3		
4		

Name	Breed	Age
5		
6		
7		
8		

Veterinarian Name: _____
 Address: _____

Phone: _____
 City: _____

I certify that the above information is true and complete to the best of my knowledge and that I own or have full authority to geld the animal(s). I agree to the requirements as set forth in this document.

I understand that false or incomplete information could jeopardize my financial assistance. I understand that the veterinarian is performing services for me, 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 Geld Program. I attest that all my male equines are or will be castrated once services through this program are finalized.

Signature _____

Date _____

For Office Use Only

Application Received on _____ by _____ Reviewed on _____ by _____
 Awarded/Declined on _____ by _____