



### Euthanasia Incident Form

The Kentucky Horse Council (KHC) Euthanasia Voucher Program was established to ensure that aged, injured or unwanted Kentucky 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 equine's life with confidence that the Kentucky Horse Council's Save Our Horses (SoHo) Fund will reimburse the servicing veterinarian up to \$150 per animal (maximum \$300 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)
- KHC reimbursement limited to **\$150 per horse or maximum of \$300 per household**
- Client is responsible for carcass disposal
- Funding is limited

Please allow two weeks to process payment. Vouchers are **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 Kentucky Horse Council, and that the Kentucky Horse Council is not obligated to provide financial assistance even after it is approved by the Kentucky Horse Council. I agree to indemnify, defend, and hold the Kentucky Horse Council harmless and free of liability for any claim arising out of my participation in the KHC Euthanasia Voucher 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 _____.
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Submit to: Kentucky Horse Council, 4037 Iron Works Parkway, STE. 120, Lexington, KY 40511 [info@kentuckyhorse.org](mailto:info@kentuckyhorse.org)