



## Geld Voucher Program

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

The Kentucky 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, faxed or mailed.

### To process your application, we need one of the following:

- 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.)

Please allow two weeks to process your application. Assistance will be determined based on a thorough review of the application. You will be notified by telephone within two weeks if your application has been approved or if you need to submit additional information. Assistance will be awarded on a first come, first serve basis, subject to available resources.

### Requirements:

- ✓ Geld vouchers are offered to **LOW INCOME** 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 \$135 per animal or \$300 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 Kentucky Horse Council will be used to determine eligibility for this program and will be reviewed by KHC staff. Financial documents will be held confidential and will not be shared with any non-Horse Council employee 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:  
Kentucky Horse Council  
4037 Iron Works Parkway, STE. 120  
Lexington, KY 40511

fax 866-618-3837  
phone 859-367-0509  
info@kentuckyhorse.org

## Kentucky Horse Council – LOW INCOME Geld Program Application

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

2<sup>nd</sup> 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 <sup>nd</sup> Adult in Household
Employment	_____	_____
Child Support	_____	_____
Government Assistance	_____	_____
Food Stamps	_____	_____
Student Loan	_____	_____
Other	_____	_____
<b>Total</b>	_____	_____

**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 Kentucky Horse Council, and that 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 Geld Program. I attest that all my male equines are or will be castrated once services through this program are finalized.

Signature \_\_\_\_\_

Date \_\_\_\_\_

REV. 9/2016

For Office Use Only

Application Received on \_\_\_\_\_ by \_\_\_\_\_ Reviewed on \_\_\_\_\_ by \_\_\_\_\_  
 Awarded/Declined on \_\_\_\_\_ by \_\_\_\_\_