



Maryland Fund For Horses

“Horse Bucks” Equine Gelding Program

Frequently Asked Questions & Answers

Summary: The MFFH Equine Health Care Assistance Program is a **rebate program** designed to assist horse/equine owners who demonstrate financial need with the cost of necessary health care for their equines. Rebates will be issued to cover actual, documented out-of-pocket expenses incurred by the horse/equine owner.

How will it be funded? MFFH will conduct fundraising activities for a fund specifically earmarked for the gelding initiative, and the Board of Directors at its discretion may earmark additional operating funds for this purpose.

Who will qualify for rebates? Individual equine owners may apply for a rebate. An Equine Health Care Assistance Committee will review applications for completeness and documentation of expenses and financial need, and will grant rebates **to the extent that funds are currently available**. This process has been streamlined for the gelding initiative, and applicants are encouraged to submit their applications with the “veterinarian statement” completed, to expedite processing. Applications will be reviewed and approved on a first-come, first-served basis, but with applications containing a veterinarian’s statement given priority.

Who will not qualify for rebates? Commercial entities of any kind, breeders and rescues are ineligible to apply for a rebate. Individuals who have previously been convicted of animal cruelty or neglect are not eligible to participate in the rebate program. While rescues may not apply, individuals who can produce satisfactory evidence that they have contracted with a rescue to adopt a horse pending its becoming a gelding may apply for and receive a rebate for the adoptable equine while the animal is still housed at the rescue.

Who will receive the rebate? Rebates **will be issued to the service provider (e.g., veterinarian)** upon submission of a detailed invoice.

How often can a horse owner receive a rebate? In general, rebate recipients will be limited to one lifetime rebate per individual per horse. MFFH may make exceptions in extreme circumstances at its discretion, but may condition the granting of a rebate upon additional criteria and documentation, such as participating in educational programs or donating volunteer hours.

What dollar amount of rebates will be issued? The maximum rebate for a routine castration is \$250.

What else do I need to know?

- All participants in the program will be required to sign a release allowing MFFH to contact the service provider directly, and relieving MFFH of any liability that may be a result from any documentation or personal information obtained in determining eligibility.
- All participants in the program will be required to sign a release relieving MFFH of any liability for the equine health care procedure(s) for which a rebate has been issued.
- To help expedite the processing of your application, please contact the veterinarian who will be performing the castration prior to submitting your application. Discuss the overall cost and have the veterinarian complete the veterinarian’s statement portion of the application before submitting it.

- After you submit an application, if your rebate is approved you will receive a document via e-mail from Maryland Fund For Horses, indicating your equine's name, the health care procedure and amount approved. You will not be eligible to receive a rebate without this document. If MFFH is unable to grant your request, you will receive a notice via e-mail advising you of that fact, and the reason(s) why your application was not approved.
- Rebates are valid only for the specific health care procedure or service defined in the application, and are valid for one use only. Required documentation for a rebate **must be submitted by the veterinarian within 30 days of the castration procedure.**
- To request more information or an application please contact Maryland Fund For Horses at mdfundforhorses@gmail.com



Maryland Fund For Horses Horse Bucks Equine Gelding Program Participant Application

Requirements for Participation: This form is **used to apply for gelding/castration rebates ONLY!** This program is designed to assist individual equine owners who need financial assistance with a routine castration of a colt or stallion. You must sign the release form below and permit us to make payment directly to the service provider. One rebate per horse per owner. Contact the veterinarian who will be performing the procedure to obtain a cost estimate prior to submitting this application. Applications submitted with a veterinarian's statement (see below) will be given priority.

Your Full Name (first, middle and last name): _____

Address: _____

City/State/Zip _____

Equine's Name: _____

Equine's Location: _____ Equine's Age: _____

Do you breed equines or own/run an equine business (if yes, describe below): Yes No

Have you applied for a MFFH rebate in the past? Yes No

Have you ever been convicted of animal cruelty or neglect? Yes No

Have you ever been cited for animal cruelty or neglect? Yes No If yes, explain below:

Contact information for the veterinarian who will be performing the procedure:

Veterinarian name: _____ Phone: _____

Veterinarian e-mail and/or website: _____

Amount I can contribute to the cost of the procedure: \$ _____ *

*** Discuss the cost of the castration procedure with your chosen veterinarian prior to submitting this application. MFFH expects that you will make a financial contribution, to the extent you are able, toward the cost of castration services. MFFH limits the rebate for a routine castration to a maximum of \$250. You will be responsible for payment of any excess amount, and the cost of follow-up care (if any) required.**

Veterinarian's statement: I have discussed the procedure and cost of a routine castration with the above applicant. It is my opinion that the equine named above is a candidate for a routine castration. My estimate of the total cost of services rendered for a routine castration is \$ _____. It is my opinion that the applicant qualifies for financial assistance and meets MFFH's qualifications for the Horse Bucks gelding initiative.

Signed: _____

Veterinarian Name (printed)

Date

**Maryland Fund For Horses Health Care Rebate Program
Participant Agreement and Release of Liability
Read Carefully and Sign Below**

I understand that by applying for a Maryland Fund For Horses Equine Healthcare Rebate, I am giving Maryland Fund For Horses (MFFH) permission to contact the health care provider named in my application and any other references named in my application. I hereby give permission for any of the above individuals to provide information to MFFH regarding the equine named in my application, my personal circumstances that have caused me to apply for a rebate and any other information required to corroborate the information I have supplied with my application.

As a participant in this program, I understand and agree to the following:

- 1) It is my responsibility to contact and engage the services of an equine health care provider for the care my equine requires. I am responsible for obtaining detailed information about the service to be provided and negotiating the cost of the service(s) to be provided in advance.
- 2) It is my responsibility to use all other financial resources available to me (e.g., major medical insurance, care credit line of credit, savings, etc.) to pay for equine health care before applying for a rebate.
- 3) I understand that the complete applications will be processed in the order received, except that applications received without a complete Veterinarian's statement shall be considered incomplete until MFFH is able to obtain the information from the veterinarian, and may be delayed as a result. Further, ***I understand that funds for the program may be exhausted prior to the date of my application.*** MFFH will notify me promptly if funds are no longer available.
- 4) As with any health care treatment and/or surgery, there are associated risks. As a participant, I agree to discuss any and all associated risks with the equine health care provider in Item #1 above. I also agree that I will not hold MFFH responsible for any outcome resulting from those risks.
- 5) The rebate issued by MFFH is to be used for the specific dollar amount and for the specific equine named in my application, and only for the specific health care service named in the application. I understand that it is my responsibility to pay the service provider any amount in excess of the amount of the rebate.
- 6) If I request additional services from the equine health care service provider, I am responsible for making payment to the health care provider for those additional services.
- 7) If my application is approved, I will be notified via e-mail by MFFH. Further, I understand that in order for MFFH to issue a rebate payment, I must have the equine service provider forward a copy of the original invoice to MFFH ***within 30 days after the procedure is performed*** so that MFFH may issue payment directly to the service provider.
- 8) I certify that all of the information provided in my application is true, correct and complete to the best of my ability.

Participant Signature: _____ Date: _____

Phone: Day # _____ Evening # _____ Cell # _____

Email: _____ Best Way/Time to Reach You: _____

Return the completed application along with this agreement to: ATTN: Health Care Rebate Program, MD Fund For Horses, mdfundforhorses@gmail.com. If you prefer to send via mail: P.O. Box 2611, Westminster, MD 21157. ***If sending via U.S. Mail, you must alert us at mdfundforhorses@gmail.com – postal mail is only collected periodically.***