



## Euthanasia Assistance Request

The purpose of the South Carolina Horse Council Euthanasia Program is to assist with end of life care for aged, injured, or unwanted horses whose owners could not otherwise afford to euthanize their equine.

In the event that euthanasia is the best option for a horse, but the cost of service and burial is unaffordable, an individual may complete and submit the application below for financial assistance from the SCHC.

### Guidelines

- Services must be invoiced within 30 days – invoice to include name, breed, gender, and age of the horse(s)
- This completed form must be attached to the invoice
- SCHC reimbursement limited to **\$200 per horse or maximum of \$400 per household**
- Funding is limited and available on a first come, first served basis. SCHC members will be given preferential consideration.

Vouchers will be awarded **subject to available resources** and a vote of the horse welfare committee. Further information may be requested by the committee.

### This section to be completed by applicant:

Name \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Describe the owner's situation that necessitates financial assistance: \_\_\_\_\_

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Explain why euthanasia is the best option:

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Time permitting, would you prefer SCHC attempt to arrange payment and services through the veterinarian directly prior to euthanasia?      Yes \_\_\_\_\_ No \_\_\_\_\_

I attest that the above information is truthful and accurate.

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

**The following section must be completed by veterinarian performing the services:**

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

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

Gender	Breed	Age
1		
2		

Gender	Breed	Age
3		
4		

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 South Carolina Horse Council, and that SCHC is not obligated to provide financial assistance even after it is approved by the SCHC. I agree to indemnify, defend, and hold the SCHC harmless and free of liability for any claim arising out of my participation in the SCHC 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 _____ vote _____.
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Submit to South Carolina Horse Council,  
info.schorseouncil@gmail.com