

**STALLION TO GELDING SUPPORT
APPLICATION FOR GELDING SERVICES**

Applicant Information (You must be 18 years of age or older): please print

Name: _____ Age: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Veterinarian Information:

Clinic Name: _____ Phone: (____) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Stallion Information:

Name of Stallion: _____ Breed: _____

Age of Stallion: _____ Registration Number (if available): _____

Number of Mares Bred to This Stallion Annually: _____

Breeding Information:

Additional Number of Stallions Owned: _____ Total Number of Mares Bred Each Year: _____

Number of Foals Registered Each Year: _____

List All Breeds at your Farm: _____

Short Explanation of Your Breeding Program (if no program, explain why you believe you are eligible):

Release of Liability:

I acknowledge that I have requested the veterinarian of my choice to perform gelding procedures on my horse and that Stallion to Gelding Support has agreed to pay my veterinarian directly for this service. I acknowledge that as with any medical procedure certain complications and risks can occur (including death), including those that I may not foresee or anticipate, and I hereby forever release, hold harmless and agree to indemnify Stallion to Gelding Support and the Horse Protection Society and their organizers, officers, directors, employees, volunteers and any other people or entities associated with them from any and all claims, causes of action, damages, costs, liabilities of whatever kind or nature, in law or in equity, arising out of or in any way related to such medical procedures. I represent that I am 18 years of age or older and I fully understand this Release of Liability statement and agree to be legally bound by it.

Signature of Applicant

Date

Mailing Instructions:

Mail completed application along with a recent photograph of the stallion to be gelded to: Stallion to Gelding Support P.O. Box 78854 Charlotte, NC 28271 **Written approval from SGS must be received by you before gelding procedure should be scheduled. Please see www.StallionToGeldingSupport.org for details.**

Note: Photograph must be included with the application in order to be processed. Photo will not be returned and will become the property of SGS.