

**STALLION TO GELDING SUPPORT  
APPLICATION FOR GELDING SERVICES WITH DIRECTED DONATIONS**

**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): \_\_\_\_\_

Has this Stallion Ever Been Used for Breeding? \_\_\_\_\_

If yes, Number of Mares Bred to This Stallion Annually: \_\_\_\_\_

Age of Youngest Offspring of this Stallion: \_\_\_\_\_

**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 from funds donated directly for my stallion\*. 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

\*I understand that approval of my application is dependent upon sufficient funds being sent to Stallion to Gelding Support by persons other than myself, directed to be used for my stallion, named above. I further understand that any funds received in this manner beyond the cost of my stallion's gelding will be used for another horse(s) who meets SGS's breeding criteria. Likewise, if sufficient funds are not received to cover the cost of gelding my stallion, I will pay the difference between the total cost and the amount received by and paid to the designated veterinarian by Stallion to Gelding Support.

\_\_\_\_\_

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.**

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.