

**Kentucky Horse Council**  
**LEVEL I - Equine Abuse Investigation Training September 30 – October 2, 2009**  
**Application**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_

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Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

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Will you be applying for a scholarship?  Yes  No  
*If yes, please complete the scholarship application (page 2).*

This is a **three day** training. The first day is optional only for attendees with extensive horse experience.

\_\_\_\_ \$75 Sept. 30 – Oct. 2, 2009 – Day 1: Horses 101, Day 2: Investigation, Day 3: Recovering the Horse & Building a Case

\_\_\_\_ \$50 Oct. 1-2, 2009 - (**previous horse experience only**) - Day 2: Investigation, Day 3: Recovering the Horse & Building a Case

**Lunch** is served daily at the training. Please indicate any special dietary restrictions by circling below:  
Vegetarian    Vegan    Lactose Intolerant    Other: \_\_\_\_\_

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Please describe your horse experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your current role or experience investigating equine abuse and neglect:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list at least three areas of equine abuse and neglect in which you believe you need additional training or experience:

- 1.
- 2.
- 3.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please submit this completed form with a check or scholarship application (see page 2) to:

Kentucky Horse Council, 1500 Bull Lea Rd., Suite 214 C, Lexington, KY 40511

Phone 859-367-0509, 866-634-0030

Fax 866-618-3837

**Kentucky Horse Council**  
**Equine Abuse Investigation Training March 18-20, 2009**  
**Scholarship Application**

*Please only complete this page to apply for a scholarship for the training. Scholarship and grant funding is **limited** and available on a first come first served basis. This form must be submitted with a completed application for Equine Investigation Training (page 1).*

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

**Gender** (please circle): Male / Female (for room assignment)

**Tuition Scholarship:** \$75 tuition fee can be waived if your county or government unit has no funds for this training. There are limited scholarships available and they will be awarded on a first come first served basis.

**Lodging Grant:** Lodging costs may be covered if your employer/county seat is more than 50 miles from Wilmore. There are limited lodging grants available and they will be awarded on a first come first served basis. Please note: The Kentucky Horse Council makes all room reservations directly with the hotel and participants receiving lodging grants will share a room with another attendee of the same gender.

My employer is unable to pay for my travel expenses. Please consider my application for the following reimbursements:

Overnight Lodging (shared room with another attendee of same gender)  
- *If your employer is **more than 50 miles** from Wilmore.*

\_\_\_\_\_ (employer) has no funding available for equine abuse investigation training and/or related travel expenses.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please submit this completed form to:  
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Phone 859-367-0509, 866-634-0030 Fax 866-618-3837