



Euthanasia Incident Form

The Kentucky Horse Council (KHC) Euthanasia Stipend Program was established to ensure that aged, injured or unwanted Kentucky horses whose owners **could not** otherwise afford the service, may be euthanized regardless of their caretakers' financial situation. This program is available to assist **ONLY** those horses that are owned by an individual; it is not applicable to horses in the care of rescues, nonprofits, for-profit businesses, riding teams, lesson barns or similar.

Advance approval for the service is **not** necessary. The horse must be owned by the person requesting the euthanasia stipend; all funds go directly to the veterinarian or veterinary clinic who provided the euthanasia services.

Guidelines

- Services must be invoiced within 30 days – invoice to include name, breed, gender and age of the horse(s)
- Invoice must be accompanied by Euthanasia Incident Form (this form)
- KHC stipend limited to **\$150 per horse or maximum of \$300 per household**
- Client is responsible for carcass disposal
- Funding is limited; when available, it is provided to the veterinarian who administered the euthanasia service.

Please allow two weeks to process payment. **Stipends are subject to available resources.**

Veterinarian's name: _____ Email: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Practice: _____ Date of euthanasia service: _____

Please list all equines euthanized for this client/household:

Client's name: _____ Email: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

Horse #1:

Horse's Name: _____ Age: _____ Breed: _____
Reason for euthanasia: _____
Reason for financial constraint of owner: _____

Horse #2:

Horse's Name: _____ Age: _____ Breed: _____
Reason for euthanasia: _____
Reason for financial constraint of owner: _____

To be signed by the acting veterinarian: 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. I understand that the services I performed were for the client, not the Kentucky Horse Council, and that the Kentucky Horse Council is not obligated to provide financial assistance even after it is approved by the Kentucky Horse Council. I agree to indemnify, defend, and hold the Kentucky Horse Council harmless and free of liability for any claim arising out of my participation in the KHC Euthanasia Voucher Program.

I certify that there exists a veterinarian-client-patient relationship and that I have provided euthanasia services consistent with the relationship.

Signature _____ Date _____

Submit to: Kentucky Horse Council: info@kentuckyhorse.org or 4037 Iron Works Parkway, STE. 120, Lexington, KY 40511