



**DHOH COVID-19 EQUINE ASSISTANCE PROGRAM APPLICATION**

The equine assistance application is a part of the assistance program process for those who need equine feeding assistance in Colorado. Once you submit your equine assistance application, a DHOH team member will reach out to you to begin the rest of the assistance process. Additional steps may be required for approval. This program is based on integrity and the honor system. Misrepresenting your needs will take away from a horse in need.

**Please note that the Equine Assistance Program will only be provided by DHOH if the feed assistance will allow you to keep your horses. If you are currently physically unable to care for your horse(s) and/or hospitalized, you may qualify for foster care through DHOH. This program is for those located in Colorado only.**

Please return your completed application via email to [info@driftersheartsofhope.org](mailto:info@driftersheartsofhope.org).

Personal Information			
Full Name:			
Address:			
City:	State:	Zip:	
Mailing Address (If different from above)			
Address:			
City:	State:	Zip:	Country:
Driver's License Information		State:	#:
Cell Phone:	Home Phone:	Email:	
Date of Birth:	Employer or former employer:	Employer or former Employer phone:	
Are you comfortable with us reaching out to your employer to verify your employment status? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently physical unable to care for your horse(s) and/or hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No			

If you are currently physically unable to care for your horse(s) and/or hospitalized, are you interested in finding a temporary approved foster home for your horse(s)?  Yes  No

### Equine Experience

How many horses do you currently own?

What are your horse(s) name(s) and age(s)?

What is the approximate size and/or weight of your horse(s)?

What is the horse(s) normal diet? And how often do they get fed a day?

Are your horses currently in good health and weight?  Yes  No

Are you comfortable sending DHOH a picture of your current horse(s)?  Yes  No

Do you have a senior horse(s) that will require senior feed or hay cubes?  Yes  No

### Facility or Boarding Information

Will the Equine be stabled on your property or boarded out?  Personal Property  Boarded Out

If the equine is boarded on someone else's property:

Name of Boarding Stable:

Owner:

Boaring Address:

**Additional Questions**

Would you be able to keep your horse(s) if help is offered throughout an unemployment crisis?  Yes  No

***\*Please note that the equine feed assistance program will only be provided by DHOH is the assistance will allow you to keep your horses. If you are hospitalized, you may qualify for foster care through DHOH.***

How long do you expect to need assistance?

Have you requested donated feed in the past?  Yes  No

If yes, please describe why:

Do you have other animals or livestock that need assistance?  Yes  No

If yes, please tell us more about your other animals or livestock:

Are you willing to send updates on your horse(s) and other animals or livestock health needs?  Yes  No

I agree to NOT sell the donated feed intended to help my horse(s).  Yes  No

I understand that this program is based on integrity and the honor system. Misrepresenting my needs will take away from a horse in need.  Yes  No

I understand that the equine assistance program is at the discretion of DHOH.  Yes  No

I attest that all the information in this application is true to the best of my knowledge.

Signature of Applicant:

Date: