



## CAERInc Arabian Group Gelding VOUCHER Program Application for Voucher

*This form must be submitted and approved, prior to the castration(s).  
Submission of an application does not guarantee funding will be awarded.  
The CAERInc will notify you and your veterinarian of a decision within 10  
business days.*

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

Mailing Address: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

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

**I certify that I am the current owner of the horse(s) listed.**

Please list all male equines to be castrated through the CAERInc Voucher program on a separate form. The CAERInc Voucher will provide **\$100** for a standard castration or **\$200** toward a cryptorchid procedure as long as funds are available.

STALLION'S NAME \_\_\_\_\_

AGE \_\_\_\_\_

BREED \_\_\_\_\_

Registered Name:\* \_\_\_\_\_

Brand/Tattoo Info\* \_\_\_\_\_

\* Write "NA" for a horse that is not registered or no brand

Cryptorchid ? Y N

**VETERINARIAN'S INFORMATION** – The voucher certificate /reimbursement will be sent directly to the veterinarian by the CAERInc. Please be sure this information is correct and printed clearly.

Veterinarian's Name / Practice \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone \_\_\_\_\_

Email address \_\_\_\_\_

**Submit this form to:**

Coastal Arabians & Equine Rescue Inc

PO Box 958

Lockeford CA 95240 650-743-1997

Corri Stamper or via email - [corri@caerinc.org](mailto:corri@caerinc.org)

**LIABILITY WAIVER**

I authorize the veterinarians associated with CAERInc. Operation Gelding to perform a castration procedure, using anesthetics, on the stallion(s). By signing below, I understand that the participating veterinarians may not be able to perform a pre-operative diagnostic evaluation on each stallion and that there is a risk involved with anesthesia, including unexpected death. I hereby consent that the procedure may be performed by veterinary students while under supervision of the licensed veterinarian.

Veterinarians reserve the right to refuse to perform a castration, or any other procedure, on a stallion. I am aware that the owner will be responsible for all post-castration costs and care of the stallion(s) listed on page one (1) of this document.

It is the purpose of this waiver to exempt Coastal Arabians & Equine Rescue Inc., sponsors, veterinarians, veterinary students, technicians or volunteers of all liability for personal injury, property damage, death or complications the horse may experience from the castration or other procedures performed.

*All stallions must be in good health, clean, and equipped with a well-fitted halter and a sturdy lead. The stallion's health, vaccination and de-worming records must be presented the day of the procedure, (if available) along with any other information required by the veterinarian.*

The undersigned declares that:

- 1) the previously stated terms and waiver have been completely read and understood.
- 2) the information provided on page one is accurate and complete.
- 3) the voucher will be used within 90 days of approval.

If an extension is needed please contact CAERInc. immediately.

Owner(s)

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_