



Established for the sole purpose to create and accumulate a steady monthly growing income with the intentions to accept more rescues into the program. To date there are no such programs.

RESCUE ELGIBILITY FORM

Rescue Name: _____

Address: _____

City, State, Zip: _____

Rescue Phone #: _____

Rescue Website: _____

Rescue owner or principle's name: _____

Address: _____

City, State, Zip: _____

Veterinarian name and phone: _____

Farrier name and phone: _____

Feed store name and phone: _____

501C3 or 503C3 org? YES NO (does not effect eligibility status)

Horse Slaughter support? YES NO

Length of time involved in rescue? _____

How many horses are in your care _____ do you keep records _____ Do you have shelter _____

What type of fencing (Barb Wire, Wood, Vinyl, Electric Wire, Cattle Panels, Other)

Will you be able to comply too the 2 Sponsor ship rules set by the C-10 Program each month. (Yes) or (No)

Will you be able to comply too the link exchange while on the C-10 Program as required. (Yes) or (No)

Please provide a summary of the rescue's goals and type of rescue below.

By signing the below, I certify the above statements are correct and true and I authorize the C-10 Program at SaveDaHorses.Org to collect information on my behalf for the purpose of the C-10 program. Knowingly C-10 Board has the rights to remove or deny any future listings on the Programs. All information will be confidential.

Sign _____ Print _____ Date _____

Please complete application and return by email to C10program@yahoo.com