



Maryland Fund For Horses

“Horse Bucks” Equine Hay and Feed Assistance Program

Frequently Asked Questions & Answers

Summary: The MFFH Equine “Horse Bucks” Equine Care Assistance Program is a ***voucher program*** designed to assist horse/equine owners who demonstrate financial need with the cost of hay for their equines. Vouchers will be issued to cover actual, documented out-of-pocket hay purchases incurred by the horse/equine owner.

How will it be funded? MFFH will conduct fundraising activities for a fund specifically earmarked for “Horse Bucks” financial assistance, and the Board of Directors at its discretion may earmark additional operating funds for this purpose.

Who will qualify for vouchers? Individual equine owners may apply for hay assistance. An Equine Health Care Assistance Committee will review applications for completeness and documentation of expenses and financial need, and will grant vouchers ***to the extent that funds are currently available.*** Applications will be reviewed and approved on a first-come, first-served basis.

Who will not qualify for a voucher? Commercial entities of any kind, breeders and rescues are ineligible to apply for a voucher. Individuals who have previously been convicted of animal cruelty or neglect are not eligible to participate in the rebate program.

How does the purchase and payment for hay work? If your application is approved, MFFH will send you a voucher for the approved purchase amount, which you must print out and retain. Note that if you request assistance for a period of over one month, MFFH may issue periodic vouchers rather than a single voucher. We will refer you to a participating hay vendor who accepts Horse Bucks hay vouchers, to arrange a hay purchase with that vendor. **MFFH strongly recommends that you contact the vendor before making a purchase, notifying him/her that you have a voucher, to negotiate the amount of hay you can purchase with your voucher.** When you purchase hay from the vendor, you must present your Horse Bucks Hay Voucher as part or all, of your payment. If the value of hay purchased exceeds the voucher amount, you will be responsible for the difference. You will need to sign your voucher to indicate that you received the hay, and leave the voucher with the hay vendor.

Can vouchers be used for feed purchases? Applicants may request assistance with one-time feed purchases, which will be handled directly with the feed vendor. In most cases, instead of vouchers MFFH will purchase feed for the applicant and have it held for pickup at the vendor’s location. The applicant will be required to show identification to pick up feed from the vendor.

How often can a horse owner receive a voucher? In general, voucher recipients will be limited to one lifetime voucher per individual per horse. MFFH may make exceptions in extreme circumstances at its discretion, but may condition the granting of additional vouchers upon additional criteria and documentation, such as participating in educational programs or donating volunteer hours.



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What dollar amount of hay vouchers will be issued? The amount approved will be at the discretion of MFFH’s Horse Bucks Equine Care Programs committee. Voucher amounts will vary depending upon the number of horses, agreed upon term of assistance and availability of program funds.

What else do I need to know?

- All participants in the program will be required to sign a release allowing MFFH to contact contacts provided on the application form directly, and relieving MFFH of any liability that may be a result from any documentation or personal information obtained in determining eligibility.
- All participants in the program will be required to sign a release relieving MFFH of liability for quality of the hay purchase and any risks involved in changing equine forage and/or feed as a result of the voucher program.
- To help expedite the processing of your application, and the success of using this program please take the time to be as accurate as possible in assessing the amount of hay and/or feed needed and the period of time over which you will need assistance.
- After you submit an application, if your rebate is approved you will receive a document via e-mail from Maryland Fund For Horses, indicating the equine’s name(s), the amount approved and the duration during which voucher assistance will be provided. You will not be eligible purchase hay under this program without this document. If MFFH is unable to grant your request, you will receive a notice via e-mail advising you of that fact, and the reason(s) why your application was not approved.
- Vouchers are valid only for the value specified in your approval document, and for the period specified therein.
- To request more information or an application please contact Maryland Fund For Horses at info@mdfundforhorses.org.



Maryland Fund For Horses "Horse Bucks" Equine Hay and Feed Assistance Program Participant Application

Requirements for Participation: This program is designed to assist individual equine owners who need financial assistance with necessary equine care. You must sign the release form below and permit us to make payment directly to the service provider. One rebate per owner. Requests for more than \$200 may require additional proof of your financial condition. Please allow 7-10 days for approval and processing of non-emergency requests. Add an additional page if you need more room for any of the items below.

Your Full Name (first, middle and last name): _____

Address: _____

City/State/Zip _____

Equine Name(s): _____

Equines' Location (address): _____

Type of Equine (# each): horses mules donkeys minis other (descr)

Age(s) of Equine(s) (# each): ____ 0-3 yrs. ____ 4-7 yrs. ____ 8-15 yrs. ____ 16-23 yrs. ____ Over 25 yrs.

Roughly how many pounds of hay **in total** do your horses eat per week? _____

Number of weeks of assistance needed: _____ Emergency request? Yes: No:

Amount of money I can contribute per week toward the purchase of hay: _____

If you feed grain, concentrates or other forage, describe type and how much per week:

Do you breed equines or own/run an equine business (if yes, describe below): Yes: No:

Describe equine business if yes: _____

Have you or will you receive hay/feed assistance from other organization(s) in a 12-month period? Yes: No:

If yes, describe: _____

Have you applied for any MFFH rebate or voucher in the past? Yes: No:

Have you ever been convicted for animal cruelty or neglect? Yes: No:

Have you ever been cited for animal cruelty or neglect? Yes: No: If yes, explain below:

Equine Professional and Reference Contact information (provide all three):

Veterinarian name: _____ Phone: _____

Veterinarian e-mail / website: _____

Farrier/Other name: _____ Phone: _____

Farrier/Other e-mail or website: _____

Personal reference not related to you: _____ Phone: _____ E-mail _____

Maryland Fund For Horses Voucher and Rebate Programs

Participant Agreement and Release of Liability

I understand that by applying for a Maryland Fund For Horses Equine Voucher or Rebate, I am giving Maryland Fund For Horses (MFFH) permission to contact my regular veterinarian, farrier and/or other health care provider named in my application and any other references named in my application. I hereby give permission for any of the above individuals to provide information to MFFH regarding the equine(s) named in my application, my personal circumstances that have caused me to apply for assistance and any other information required to corroborate the information I have supplied with my application.

As a participant in this program, I understand and agree to the following:

- 1) MFFH does not inspect the hay I receive from the vendor. It is MY RESPONSIBILITY to inspect the hay and/or feed before taking possession of it. Once accepted, MFFH cannot obtain credit for you or for us if you determine that the hay/feed is not suitable for your horses. If the hay is of reasonable quality, is not moldy and is not contaminated, MFFH will consider it acceptable. If I have difficulty with a hay vendor, I will report any issues to MFFH with details of the problem.
- 2) It is my responsibility to use all other financial resources available to me (e.g., credit, savings, etc.) to pay for hay/feed before applying for a rebate.
- 3) As with any sudden alteration of forage and/or feed in an equine's diet, there are associated risks. As a participant, I agree to discuss any and all associated risks with the equine health care provider in Item #1 above. I also agree that I will not hold MFFH responsible for any outcome resulting from those risks.
- 4) The rebate/voucher issued by MFFH is to be used for the specific dollar amount and for the specific equine(s) named in my application, and only for the specific purpose named in the application. I understand that it is my responsibility to pay the service provider any amount in excess of the amount approved for the voucher/rebate issued by Maryland Fund For Horses.
- 5) If I request any additional services from the person(s) providing goods and services under this agreement (the provider), I am responsible for making payment to the provider for those additional services. Examples include, but are not limited to delivery and stacking hay upon delivery.
- 6) If my application is approved, I will be notified via e-mail by MFFH. Rebate approvals expire 90 days after the approval date. I understand that I must submit a new application for any approved rebate or voucher not used within the 90 day period.
- 7) I understand that Maryland Fund For Horses does NOT issue vouchers for feed or forage/hay as a reimbursement. All requests for assistance with feed/hay/forage must be made in advance of purchase.
- 8) I certify that all of the information provided in my application is true, correct and complete to the best of my ability.

Participant Signature: _____ Date: _____

Phone: Day # _____ Evening # _____ Cell # _____

Email: _____ Best Way/Time to Reach You: _____

Return the completed application along with this agreement to: ATTN: Hay Voucher Program, MD Fund For Horses, mdfundforhorses@gmail.com. If you prefer to send via mail: P.O. Box 2611, Westminster, MD 21157. ***If sending via U.S. Mail, you must alert us at mdfundforhorses@gmail.com – postal mail is only collected periodically. If your request is an emergency, DO NOT SEND via U.S. Mail!***

Typing your name in the signature box above has the same meaning as writing your name by hand.