

Safe Stalls Application Form Transport

The Safe Stalls Program is a nationwide network of horse industry professionals, horse rescue organizations, individual horse owners and enthusiasts, volunteers, and others offering in-kind, financial, and other resources to horses in need.

Safe Stalls partners may be able to assist immediately following a rescue with needs ranging from transporting rescued horses to temporary shelter to providing food or other interim services needed during the horses' transition from the temporary shelter to a foster or adoptive home.

The goal is to be able to call on caring and capable people in the area of the rescue, and to be able to move horses quickly from danger to safety, and then provide necessary care until they can be rehomed.

To be considered for the Safe Stalls Program, please fill out the following information. The information will remain confidential and used only as part of The HSUS Safe Stalls Program.

Company Information:

Company Name: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Website: _____

Fax: _____ E-mail: _____

Have you ever worked with HSUS before? Yes No

Locations of cases: _____

Please describe the work you provided: _____

Does your company ever transport horses for the purpose of delivering them to slaughter? Yes No

Vehicles/Transport

Please describe your vehicles/trailers (check all that apply):

Non-stop Frequent stops CCTV 2+ Drivers Hay Available Cell phone

Side ramps Single Stall 1 ½ Stall Box Stall Air Ride Suspension

Tied Untied Stalls

Cross country Local (list service areas): _____

Please describe your trailers (stock, closed, etc.): _____

Can your vehicles access dirt roads? Yes No Please explain: _____

Is water available to horses during transport: At all times Every 5 hours Other (please explain): _____

How much notice do you require to schedule a transport?

Immediate 1-2 days 1 week 2 weeks 3 weeks 4+weeks

Please explain your sanitation procedures: _____

Transportation Requirements

Do you have a minimum transport requirement? Yes No Please explain: _____

Maximum number of horses you can transport: _____

Are you able to transport across state lines without a Coggins if waived by the state board? Yes No

Please explain: _____

Please list any other restrictions: _____

Please list your transportation routes (please attach a current schedule to your application):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Layup Facility

Do you have a layup facility? Yes No

Drop off area Individual stalls Pasture Other: _____

Address(es): 1. _____
2. _____
3. _____

Rate Schedule

Please attach a rate schedule, if applicable, to the application.

Are you able to provide a discount or provide your services free of charge? If so, please describe: _____

References

Please list at least three references

References: 1. _____	Phone: _____
2. _____	Phone: _____
3. _____	Phone: _____

Please return the completed application form to:

**The Humane Society of the United States
Safe Stalls Program
c/o Sára Varsa
700 Professional Drive
Gaithersburg, MD 20879**

or via e-mail:

svarsa@humanesociety.org