



Celebrating Animals | Confronting Cruelty

Safe Stalls Application Form Veterinarians

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, 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.

Clinic Name: _____ 6-digit National Accreditation #: _____

Veterinarian Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Fax: _____ E-mail: _____

Have you ever worked with HSUS before? Yes No

Locations of cases: _____

Please describe the work you performed: _____

School of Veterinary Medicine: _____ Year Graduated: _____

Member of: AAEP: _____ Other Organizations (please list): _____

Please list all states and license numbers where you are currently authorized to perform:

1. State: _____ License #: _____ 2. State: _____ License #: _____

3. State: _____ License #: _____ 4. State: _____ License #: _____

Please check any professional interests (check all that apply):

- Lameness Dentistry Podiatry Imaging Reproduction Internal Medicine
- Sport Horses Show Horses Emergency Ophthalmology Surgery Other: _____

Breed Preferences: _____

Have you worked on cruelty cases before? Describe: _____

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

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 Tara Pollock
700 Professional Drive
Gaithersburg, MD 20879**

or via e-mail:

awolford@humanesociety.org