



Operation Gelding
Application for Assistance

All stallions must be in good health, clean, and equipped with a well-fitted halter and a sturdy lead. Please have your stallion's prior health, vaccination and deworming records on date of your scheduled gelding procedure. The veterinarian on hand reserves the right to refuse to perform the procedure on any stallion not fit for surgery.

Applicant's Name _____

Home Address _____

City _____ State _____ Zip _____

Email _____ Home Phone _____

Number, breed and sex of the horses on your property _____

Please list the male equine to be castrated through this program and attach his current Coggins and picture.

Name

Breed

Age

Veterinarian name and practice: _____

Address: _____

Phone: _____