



HHT

Ultimate Act of Compassion Program

This program offers a free euthanasia service for equine owners.

Request for Assistance

Date _____

Applicant's Name _____

Home Phone (____) _____ Email: _____

Place of Employment _____

Spouse Name _____

Place of Employment _____

Home Address _____

City _____ State _____ Zip _____

Gross Income: _____ # People dependent on your income: _____

How many of the following do you own? Mares ____ Geldings ____ Stallions ____ Under 2yrs ____

How many equine are you asking help for? _____

How long have you owned the equine you are asking help with? _____

Where did you acquire these equine? _____

Reason why you are requesting help: _____

I would like to donate \$_____ towards this program.

Signature _____ Date _____

Applications will not be processed unless completed in full. Completion of application does not guarantee acceptance into this program for help.

Ultimate Act of Compassion Request

Would you be willing to share your personal story on why you decided to apply for this program with us? The funds available for the Ultimate Act of Compassion Program are made possible through the charitable giving of local community members. A story like yours may inspire more to contribute to the Ultimate Act of Compassion Program, which in turn would help more equine.

What made you decide to go this route when you could no longer care for your equine? How do you think you or your animal will benefit from the Ultimate Act of Compassion program?

Will you give HHT permission to utilize your story in order to encourage others to support this program?

YES NO (please circle)

Would you like us to use a name other than your own for privacy purposes?

YES NO (please circle)

Mail To:
HHT
P.O. Box 22841
Knoxville, TN 37933

Or copy and paste to an email to
hht@horsehavenoftn.com