



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: \_\_\_\_\_