**HORSERACE BETTING LEVY BOARD**

10 South Colonnade, Canary Wharf, London E14 4PU

Telephone: 020 7333 0043 E-mail: [equine.grants@hblb.org.uk](mailto:equine.grants@hblb.org.uk)

**Central Fund support for costs associated with infectious disease outbreaks**

**Claim Form**

NB This scheme applies only to Contagious Equine Metritis, Equine Influenza, Equine Herpes Virus and Strangles.

**Claimant Contact Information**

|  |  |
| --- | --- |
| Name: |  |
| Date: |  |
| Address: |  |
| Post Code: |  |
| Email Address: |  |
| Contact number: |  |
| BHA licence number or  TBA membership number |  |

**Claimant Bank Account Details**

|  |  |
| --- | --- |
| Account Name: |  |
| Account Number: |  |
| Sort Code: |  |

**Vet Contact Information**

|  |  |
| --- | --- |
| Name of Vet: |  |
| Name of Practice: |  |
| Email Address: |  |
| Contact number: |  |

**Equine Infectious Disease**

|  |  |
| --- | --- |
| Disease: |  |
| Date of index case: |  |
| Location of incident: | (If different from claimant address) |

**Financial Claim**

*Please complete table with reference to the attached protocol.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Number of**  **Samples** | **Cost per**  **Sample** | **Net Cost**  **£** | **\*VAT (if applicable)**  **£** | **Total Claim**  **£** |
| Lab Tests |  |  |  |  |  |
| Collection of bloods |  |  |  |  |  |
| Collection of swabs |  |  |  |  |  |
| Collection of guttural pouch lavage |  |  |  |  |  |
| Postage of samples to lab |  |  |  |  |  |
| Repeat sampling |  |  |  |  |  |
| Extraordinary staff costs |  |  |  |  |  |
| Post-mortem examination |  |  |  |  |  |
| **Total** |  |  |  |  |  |
|  |  |  |  |  |  |

***\*VAT:*** *We would expect that all grants issued by HBLB would be outside the scope of VAT as the amounts granted are given freely and HBLB neither derives any benefit from the grant nor receives any services as part of the arrangement. However, if you are unsure if VAT applies, we would recommend consulting your tax adviser.*

*NB this claim form must be accompanied by supporting invoices.*

*Please return and complete this form to* [EquineGrants@hblb.org.uk](mailto:EquineGrants@hblb.org.uk). Please use this email if you have any queries.

|  |  |
| --- | --- |
| I certify that the information given on this form is correct |  |
| Signature: |  |
| Name: |  |
| Position/Job Title: |  |
| Date: |  |