

Suri Network Youth Program

Application for Donation of a Suri Alpaca

Requirements:

- Must be a Suri Network member to donate an alpaca.
- Donated alpaca must have two suri parents (ARI certificate must accompany this application.)
- Must be of sound health with no medical issues (to be verified by a certified veterinarian upon donation.)
- All male alpacas must be gelded and between nine months to five years old.
- All female alpacas must be at least 9 months old.
- Transfer of ownership will occur upon donation with the donator responsible for the cost of transfer.
- Donator will be responsible to arrange and cover the transportation cost to 4H or FFA host farm.
- Current health records (with a negative BVDV report) and a Certificate of Veterinary Inspection must be included with the alpaca the time of transfer.

DONATOR INFORMATION

Date: _____

Name: _____

Farm Name: _____

Address: _____

City, State and Zip Code: _____

Phone Number: _____

Email address: _____

Please complete the Suri Alpaca Information section on the next page.

SURI ALPACA INFORMATION

Registered name of alpaca: _____

ARI#: _____ **Sex:** _____ **Gelding date:** _____ **DOB:** _____ **Color:** _____

1. Is this alpaca located on your property? **Yes or No**
If not, please indicate current location _____

2. Is this alpaca of sound health with no medical issues? **Yes or No**
If no, please describe _____

3. Does this alpaca have two suri parents? **Yes or No**

4. Does this alpaca have any issues and/or behavioral traits that should be passed or explained to the new owner? If yes, please describe below. **Yes or No**

5. Please describe the current feeding routine of this alpaca, including any supplements.

6. Do you wish to donate funding to the host farm that will be responsible for the daily care of your donated alpaca over the next nine months? If yes, how much? _____

Waiver

To the best of my knowledge the alpaca stated on this application meets all requirements and is of sound health with no medical issues. I will be responsible for the costs of ARI certificate transfer as well as transportation costs to the 4H or FFA host farm.

Signature: _____ Date: _____

Attach a copy of the ARI certificate, health history record (including a negative BVDV by PCR report) and certificate of veterinary inspection and mail completed application to:

**Suri Network
SYNP/Donation
PO Box 1984
Estes Park, CO 80517**

Suri Network Youth Program

Application for Host Farm

Requirements:

- Must be a Suri Network member to participate as a host farm.
- Must commit to one year of service.
- May be required to complete a background check.
- Must supply Suri Network with one reference.
- 4H and FFA leaders encouraged to become host farms.

HOST FARM INFORMATION

Date: _____

Name: _____

Farm Name: _____

Address: _____

City, State and Zip Code: _____

Phone Number: _____

Email address: _____

Number of Suris on your farm: _____

In a short paragraph, please explain why you'd like to be a SNYP Host Farm.

Thank you for your interest in participating in the SNYP program.

**Suri Network
SYNP/Host Farm Application
PO Box 1984
Estes Park, CO 80517**

Suri Network Youth Program: 4-H and FFA Scholarship Program

Application to receive a Suri Alpaca

Requirements:

- Must participate in the Suri Network Youth Program to receive an alpaca.
- Must be between the ages of 8 to 21 years old.
- Transfer of ownership will occur upon donation. At that point you will be responsible for all associated costs of owning an alpaca.
- You must attend the 4-H or FFA meetings for minimum of three months and complete the required skill sets within nine months of receiving the suri alpaca to take physical possession.
- Two references must accompany your completed application (references must NOT be related to the applicant.)
- Must live within 60 miles of the 4-H or FFA host farm (a listing of available farms will be provided online.)

APPLICANT INFORMATION

Date: _____

Name: _____

Parent Name: _____

Address: _____

City, State and Zip Code: _____

Phone Number: _____

Email address: _____

Date of Birth: _____

Please complete the application questions, essay and references and send the completed application along with two references to:

Suri Network
SYNP/Scholarship Program
PO Box 1984
Estes Park, CO 80517