



End of the Trail Rescue, Inc. and Sanctuary

www.eottr.org

5814 Hwy 3484 Olathe, CO 81425
Phone: 970.323.5400 Fax: 970.323.9090

Foster Home Application

End of the Trail Rescue, Inc.

Name _____

Address _____ State _____ Zip _____

Home Phone _____ Alternate Phone _____

Employer _____ Years with Employer _____

Position _____

E-mail address _____ Date of Birth _____

Have you ever fostered or adopted from another Horse Rescue/Sanctuary? _____

If yes, who and are you still fostering for them? _____

Do you currently own a horse/horses? _____ If so, how many? _____
Please describe your current horse(s)

Will the foster horse you are applying for be kept at your home or boarded at another facility? _____

Name of facility _____

Address of facility _____

City, State, Zip _____

Phone # _____ Contact Person _____

How many horses have you owned in the past five (5) years? _____

Please list each horse(s) by breed, sex, and how long you owned

Have you ever sold, given away or sent to auction any equines? _____ If yes, please explain circumstances _____

In the past five (5) years have you had any equines in your care die? If so, please explain _____

Please explain your experience in horse care, stable management and riding _____

Do you know the signs of colic? Yes _____ No _____

Do you know the signs of founder Yes _____ No _____

How often will the fostered equine be fed? _____

What type of food will be available for the fostered equine?

How often do you plan to worm the fostered equine? _____

How often will a farrier care for the fosters hoof needs? _____

Describe the fencing & shelter at your facility (size & type)

Will this equine share this space with another equine? _____

If so, how many? _____

Will this equine share this space with other kinds of animals? _____

If so, what kind? _____

How many foster equines would you like to foster at any given time? _____

Would you be willing to foster an equine with the following conditions?

A horse with health issues Yes _____ No _____

Concerns _____

A horse with training issues Yes _____ No _____ If yes, please explain your experience in the field _____

A horse that is too young to ride Yes _____ No _____

A pregnant mare Yes _____ No _____ If yes, please explain your foaling experience _____

A mother with a foal Yes _____ No _____

An equine that cannot be ridden for any reason Yes _____ No _____

An equine with special feed requirements Yes _____ No _____

An equine with special hoof care requirements Yes _____ No _____

An equine seized by law enforcement while awaiting a hearing Yes _____ No _____

All foster homes are responsible for food, farrier, and medical expenses of the foster equine in their care.

Please complete the following three (3) references

Veterinarian Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Equine Professional Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Personal Reference Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Confidentiality Statement

I agree to use discretion and to keep all EOTTR matters discussed confidential. These matters may include but are not limited to interaction with animal control authorities, information regarding pending cruelty cases, EOTTR policies & procedures and other related business.

Signature _____

Date _____