

 **5814 Hwy 348, Olathe, CO. 81425**

 **Phone 970-901-0502 Fax 970-323-9090**

[**www.eottr.org**](http://www.eottr.org)

 **EQUINE FOSTER APPLICATION**

(Use of the word “equine” in this application includes both horses and ponies)

**PLEASE NOTE**: All foster homes are responsible for food, farrier, and medical expenses of the foster equine in their care. In special circumstances, and at the sole discretion of EOTTR, EOTTR may agree in writing with the foster to cover certain expenses.

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 Equine Rescue/Sanctuary?

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

Do you currently own an equine? If so, how many? Please describe your current equine(s)

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

If at your home, do you own or rent/lease your property? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord’s contact information (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If at a facility: Name of facility

Address of facility

City, State, Zip

Phone # Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will your foster equine have access to all of the following (if not, please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Adequate Shelter (three sided run-ins are sufficient)
* A safe Enclosure (need pasture time, dry lot, etc)
	+ Enough space to move around comfortably and to lay down
	+ Safe, equine-proof fences (we prefer you do not have barbed wire and require that all tee posts are capped)
* Access to fresh clean water 24/7
* Access to high quality feed fitting the dietary needs of the individual horse.

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

Please list each equine by breed, sex, and how long you owned

Have you ever sold, given away or sent to auction any equines? please explain the

If yes,

circumstances

Have you ever surrendered an equine or other animal to a Humane Society, Rescue Organization, or Animal Control? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

explain

Please explain your experience in equine care, stable management and

riding

Do you know the signs of colic? Yes Do you know the signs of founder Yes

No 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 foster equine’s 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 equines would you like to foster at any given time?

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

An equine with health issues Yes No

Concerns

An equine with training issues Yes experience in the

No If yes, please explain your

field

An equine 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

Please provide the following information for the veterinarian and farrier who will provide care for the fostered equine, and confirm by providing your initials here that EOTTR is authorized to contact them and discuss your fostering of the equine(s): \_\_\_\_\_\_\_

Veterinarian Name Address

City, State, Zip Phone Email

Farrier Name Address

City, State, Zip Phone Email

Please complete the following two references, not related to you, that have information about your capability to care for an equine:

Equine Professional Name Address

City, State, Zip

Phone Email

Personal Reference Name Address City, State, Zip Phone Email

Please initial here to certify that you have no prior violations of fostering/adoption regulations or convictions of inhumane treatment to animals. \_\_\_\_\_\_\_

**By signing this application, you certify that you are over the age of 21 and all information contained in this application is truthful to the best of your knowledge.**

Signature

Date