End of the Trail RESCUE INC.
5814 Colorado Highway 348, Olathe, CO 81425
Phone: 970.901.0502 ● Fax: 970.323.9090
www.eottr.org

EQUINE FOSTER CARE 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(s) 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: _____ Date: _____

Street Address: _____

City/St/Zip: _____

Mailing Address: _____

City/St/Zip: _____

Home Phone: _____ Work: _____

Email: _____ Cell: _____

Employer: _____ Years with Employer: _____

Position: _____

Date of Birth: _____

Have you ever fostered or adopted from another Equine Rescue/Sanctuary? .....□ Yes □ No

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

Do you currently own an equine(s)? .....□ Yes □ No

If so, how many? _____

Please describe your current equine(s): _____

Where will the horse(s) be kept? □ Home □ Boarding Stable □ Other _____

If at another stable/facility, please provide the following information:

Name of facility_____

Address of facility_____

City, State, Zip_____

Phone #_____ Contact Person _____

Horse(s) will be provided: □ Barn □ Sheltered Stall □ Pasture

Do you own or lease your property? □ Own □ Lease

If you lease, what is your landlord's contact information (if applicable):

Contact Name_____

Address of facility_____

City, State, Zip_____

Phone #_____ Email address _____

Do you feel confident that you are able to financially provide the proper veterinary, farrier, emergency care, etc. for the rest of this horse(s) life? (Horse ownership can exceed $300.00-$500.00 per month). .....□ Yes □ No

In the event this horse needs extensive medical care, are you willing to do whatever it takes to provide the best quality of life for him/her? .....□ Yes □ No

If no, why?_____

Horses are social herd animals, and no horse may be kept without a companion. Do you currently have a companion animal for this horse (another horse, a donkey, a goat etc.)?.....□ Yes □ No

Explain:_____

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

- Adequate Shelter (three-sided run-ins are sufficient) .....□ Yes □ No
  If no, why? _____
- A safe enclosure (need pasture time, dry lot, etc.) .....□ Yes □ No
  If no, why? _____
  - Enough space to move around comfortably and to lay down.....□ Yes □ No
    If no, why? _____
  - Safe, equine-proof fences (we prefer you do not have barbed wire and require that all tee posts are

capped).....□ Yes □ No

If no, why? _____

- Access to fresh clean water 24/7.....□ Yes □ No

  If no, why? _____
- Access to high-quality feed fitting the dietary needs of the individual horse. .....□ Yes □ No

  If no, why? _____

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 equine(s)? .....□ Yes □ No

If yes, please explain the circumstances:_____

_____

_____

_____

Have you ever surrendered an equine or other animal to a Humane Society, Rescue Organization, or Animal Control? .....□ Yes □ No

If yes, please explain: _____

_____

_____

In the past five (5) years have you had any equines in your care die? .....□ Yes □ No

If so, please explain_____

_____

_____

Please explain your experience in equine 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(s) 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(s)? .....□ Yes □ No
If so, how many? _____

Will this equine share this space with other kinds of animals? .....□ Yes □ No
If so, what kinds of animals? _____

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 □ No
If yes, please explain your experience in the 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(s), 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, ST, Zip: _____

Phone: _____ Email: _____

Farrier Name: _____

Address: _____

City, ST, 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, ST, Zip: _____

Phone: _____ Email: _____

Personal Reference Name: _____

Address: _____

City, ST, 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 of Adopter: _____

Printed Name: _____ Date: _____

Signature of EOTTR Representative: _____

Printed Name: _____ Date: _____