



# Equine Request to Foster

## Foster Home Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Years with Employer \_\_\_\_\_ Employer Address \_\_\_\_\_

Have you ever been charged or convicted of animal abuse? \_\_\_\_\_

## Current Equines

Do you currently own any horses? \_\_\_\_\_ If so, how many? \_\_\_\_\_

If the equine will be kept someplace other than the address given above, please list the name of the facility, address, contact person and phone number: \_\_\_\_\_  
\_\_\_\_\_

When was the date of your equine(s) last vaccination? \_\_\_\_\_

What vaccinations did your equine(s) receive? \_\_\_\_\_

When was the date of your equine(s) last worming? \_\_\_\_\_

Does your equine(s) have a current negative Coggins test? \_\_\_\_\_

Please describe extensively any and all experience with handling, caring for, riding and training equines. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reference Information**

You must provide us with 3 separate references. One must be a vet, one must be an equine professional and one must be a personal reference. These must be three separate people.

**Veterinarian**

**Name** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Equine Professional**

**Name** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Personal Reference**

**Name** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone** \_\_\_\_\_

No foster application will be processed until a letter of reference is received from a veterinarian, equine professional and personal reference.

I the undersigned understand I am applying to foster equines from The Humane Society of Garland County, Inc. I understand that I must complete the application procedure and have my home (or boarding facility) approved before being allowed to foster any equine from HSGC. I understand that I may not be able to foster the equine I want for various reasons.

By signing this application, I agree that I have read and understand the fostering policies of HSGC. I also agree not to hold HSGC liable in the event of injury, death or damage to any human, animals or property as a result of activities or actions of the equine(s) I foster. I also understand that I am responsible for daily care of the equine(s) I foster, including but not limited to cost of grain, wormer, farrier work, and other costs incurred in routine care of the equine.

**Fostering applicant** \_\_\_\_\_ **Date** \_\_\_\_\_