

Namaste Equine Rescue Foster Application

General Information

First Name: _____ Last Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of birth: _____ Age: _____ Gender: _____

Employer: _____ Position: _____

How long are you willing to foster an equine for Namaste Equine Rescue? (Please CIRCLE):

3 months (minimum) 6 months 1 year Indefinitely

Do you currently own any equines? Yes _____ No _____

If so, how many? _____

Please provide a brief description of your equine(s): _____

In the past five years, have you had any equines in your care pass away? Yes _____ No _____

If so, please explain: _____

Describe your equine experience (length of time, horse care, stable management, training received, type and level of riding, pleasure or competition, etc.): _____

Are you willing to foster equine(s) in case of immediate emergency?

Yes _____ No _____ If yes, how many? _____

If you are able to trailer equine(s), may we call you in case of emergency?

Yes _____ No _____ Do not own a trailer _____

If yes, what kind of trailer is it? _____

Housing

Where will the fostered equine(s) live? Your home _____ Boarding facility _____

Boarding Facility Name: _____

Address: _____

Contact Person: _____ Phone: _____

Do you own or rent the property where the equine(s) will be kept? _____

How long have you owned or rented the property? _____

Number of equines currently on property: _____

Will the fostered equine(s) share housing with other types of animals? Yes _____ No _____

If yes, what type(s)? _____

Number of barn stalls or shelters available: _____

Number of acres in pasture/turnout: _____

Types of available shelter on property (CIRCLE all that apply):

Boxed Stall Tie Stall 3-sided Run-in Shed Run-in Shed, no sides Metal Carport
Tarped Carport Trees No Shelter Other _____

Types of fencing found on property (CIRCLE all that apply):

Hot Wire Hot Tape Hot Rope Field Fencing (Horse Fence) Wire Mesh
Wood Rail Vinyl Rail Metal Pipe T-posts used Barbed Wire Other _____

Where will the equine primarily be kept? _____

How many hours of turnout a day will the equine receive? _____

How many days a week will the equine be turned out? _____

Feeding

Describe your feeding program (Include types of feed, frequency of feedings, whether equines are fed individually or in a herd, etc.): _____

Who is responsible for feeding the horses in your care? _____

How often are the horses fed? 1x daily _____ 2x daily _____ 3x daily _____

Type of Forage (CIRCLE all that apply):

Pasture Grass hay Alfalfa Mix

Will you require assistance financially with the cost of feeding? Yes _____ No _____

Health Care

List how often your horses receive the following:

Veterinary Wellness Exam: _____ Vaccinations: _____

Deworming: _____ Fecal Tests: _____

Dental Floats: _____ Other: _____

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

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

Name of Vet: _____ Phone: _____

Will you require assistance financially with the cost of health care? Yes _____ No _____

Hoof Care

How often do your horses receive farrier care? _____

How long have you been using your current farrier? _____

What types of services does your farrier typically provide? _____

Name of Farrier: _____ Phone: _____

Will you require assistance financially with the cost of hoof care? Yes _____ No _____

Is there anything else you'd like to add before submitting your application?

Type of Equine You Are Willing to Accept

Preferred Age Range: _____

Please check the appropriate box below

| Yes | No | Description |
|-----|----|-----------------------------------|
| | | Mare |
| | | Gelding |
| | | Stallion* |
| | | Donkey |
| | | Mule |
| | | Previously unhandled* |
| | | Young (under 3 years old)* |
| | | Senior horse (over 20 years old)* |
| | | Pregnant mare* |
| | | Mare with foal* |

* If you indicated 'yes,' please explain your prior experience:

Special Needs

| Yes | No | Description |
|-----|----|--|
| | | Injured equine requiring confinement |
| | | Equine requiring therapeutic hoof care and/or special shoeing |
| | | Equine requiring medication |
| | | Equine needing to be separated from others during feeding |
| | | Equine on a restricted feeding program |
| | | Equine requiring multiple feedings per day |
| | | Equine needing a winter blanket and/or fly mask |
| | | Equine in custody of law enforcement (may require court ordered record keeping) |
| | | Equine that requires separate confinement (unattached paddock away from other animals) |
| | | Equine that is partial or completely blind |

If the foster equine(s) does not work at your home/facility, are you willing to foster said equine(s) until a new foster home is provided? Yes _____ No _____

References

Please provide contact information for two references. These can be friends, relatives, teachers, or employers. The references should be able to answer questions about your commitment and reliability. Please notify your references that they will be contacted by Namaste Equine Rescue.

| | |
|----------------------|----------------------|
| 1. | 2. |
| First Name: _____ | First Name: _____ |
| Last Name: _____ | Last Name: _____ |
| Home Phone: _____ | Home Phone: _____ |
| Cell Phone: _____ | Cell Phone: _____ |
| Email Address: _____ | Email Address: _____ |
| Relationship: _____ | Relationship: _____ |

As a foster parent for Namaste Equine Rescue, I agree to allow potential adopters to visit the foster equine(s) on my property. These visits will always be by appointment only, and a Namaste Equine Rescue staff member will always be present. Initial: _____

Confidentiality Statement

I agree to use discretion and to keep all Namaste Equine Rescue matters discussed confidential. These matters may include, but are not limited to, interaction with law enforcement authorities, information regarding pending cruelty cases, Namaste Equine Rescue policies and procedures, and other related business.

Signature: _____ Date: _____