

Western Montana Equine Rescue & Rehabilitation Inc.

FOSTER CARE APPLICATION

Please complete the following information and return to Western Montana Equine Rescue & Rehabilitation Inc. (hereafter referred to as WMERR) for consideration into our Foster Care Program.

NAME: _____ DATE: _____

PHONE: _____ CELL: _____

EMAIL: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

OWN: _____ RENT: _____

HOW MANY YEARS AT CURRENT ADDRESS: _____

If you RENT, please provide landlord's contact information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Cell: _____ Work: _____

Email: _____

All applicants must be 18 years or older. Are you over the age of 18: _____

Have you ever been charged with/convicted of animal abuse/neglect?

YES/NO

If YES, please explain:

Are you a member of any clubs, animal welfare organizations, breed registries?

Do you currently own any equine? YES/NO If YES, how many? _____

Please tell us a about each horse (name, breed, age, use, temperament):

Do you have a vaccination program? YES/NO How often? _____

Date your horses were last vaccinated and product used? _____

Do you have a de-worming program? YES/NO How often? _____

Do you own a trailer and towing vehicle for safe transport? YES/NO

What is the year and size of your trailer? _____

Describe your experience with horses (how long, history)

Describe your horse keeping facility: Barn, stall size, dry lot, pasture, fencing, water system, shelters, tie rails, round pen etc.

Can your foster horse have separate quarters while being introduced to others?
YES/NO

Number of equines that will be housed in the same area/pasture/dry lot?

Briefly describe your equine management program: (how many feedings/times per day/feeding arrangements i.e. separate tubs, group feeding, type of hay, preference of supplements)

Besides yourself, who will be feeding the fostered equine? _____

Does this person have experience? YES/NO

FARRIER NAME: _____

Contact Number: _____

What is your farrier schedule? _____

If you do not currently own any equine, have you owned in the past and if so, how long?

Within the past 5 years, have you given away or sold any equines? YES/NO
If YES, please explain:

Within the past 5 years, have any equines died while in your care? YES/NO
If yes, please explain:

Signature

Date

