



Equine Rescue and Rehabilitation Ranch, Inc.

Triple R

P.O. Box 494

Tallahassee, FL 32302

Foster Home Application

**note- this agreement is for the protection of the horse.

Please fill out the application completely. If non-applicable enter "N/A".

Applicant Information: *(all foster applicants must be at least 18 years of age)*

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Best hours: _____

Work phone: _____ Best hours: _____

Cell phone: _____ Best hours: _____

Other: _____ Best hours: _____

Email address: _____ Alternate Email address: _____

Employer: _____

Employer address: _____

City: _____ State: _____ Zip: _____

Title/position: _____ Years Employed: _____

Alternate Contact/Emergency Contact: *(not in same household)*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Best hours: _____

Work phone: _____ Best hours: _____

Cell phone: _____ Best hours: _____

Other: _____ Best hours: _____

Email address: _____ Alternate Email address: _____

Have you ever been charged with or convicted of animal abuse? Yes / No

If yes, explain: _____



Equine Rescue and Rehabilitation Ranch, Inc.

Triple R

P.O. Box 494

Tallahassee, FL 32302

Equine Experience:

Do you currently own any horses? Yes / No

If yes, how many: _____

If you currently or used to own a horse(s) in the past, please list: (continue on back, if needed)

Breed/Type: _____ Sex: _____ Years owned: _____ When: _____

Breed/Type: _____ Sex: _____ Years owned: _____ When: _____

Breed/Type: _____ Sex: _____ Years owned: _____ When: _____

Breed/Type: _____ Sex: _____ Years owned: _____ When: _____

Breed/Type: _____ Sex: _____ Years owned: _____ When: _____

What other animals do you own? (cats, dogs, goats, cows, etc.) _____

Please describe your experience with handling, caring for, riding, and/or training equines:

(continue on back, if needed)

Please describe your purpose for wanting to provide a foster home for a rescued horse.

Foster Care:

The horse will be kept at a: Boarding stable / Residence

Address: _____

City: _____ State: _____ Zip: _____

Name of business: _____ Telephone: _____

Contact person: _____ Telephone: _____

Person in charge of feeding: _____ Telephone: _____

If this is not the applicant's address: the facility is _____ miles from my residence



Equine Rescue and Rehabilitation Ranch, Inc.

Triple R

P.O. Box 494

Tallahassee, FL 32302

How often will the horse be fed? _____

What will the horse be fed (include grain, hay, pasture, etc.)? _____

Please describe the size and type of pasture, corral, stall, or shelter that will be provided. Also include fencing type, turn out plans, and pasture mates, if applicable. Diagrams are acceptable. (continue on back, if needed) _____

How often and with what method will you worm the horse? _____

How often will a farrier trim or shoe the horse? _____

How often will a veterinarian visit the horse? _____

Foster Animals:

The following questions will help determine what type of animal will make a better fit for a particular foster home. Check as many or as few as you feel comfortable. Although the Rescue makes every attempt to match horses with appropriate foster homes, the random and unforeseeable nature of rescue work does not always allow for such accommodations.

Please mark your preferences:

___ Permanent Foster Home

___ Temporary Foster Home

How long? _____

___ Long-term rehabilitation

___ Short-term rehabilitation

___ Rideable: (circle) Experienced Only

Intermediate

Beginner

Child Safe

___ Un-rideable Companion Horse

___ Untrained

Age: Weanling/Yearling ___ Young (2-6) ___ Adult (7-16) ___ Senior (>17) ___

Type: Miniature ___ Pony ___ Horse ___ Donkey ___ Mule ___ Other ___



Equine Rescue and Rehabilitation Ranch, Inc.

Triple R

P.O. Box 494

Tallahassee, FL 32302

Sex: Mare _____ 1st choice _____ 2nd choice _____

Gelding _____ 1st choice _____ 2nd choice _____

Stallion _____ 1st choice _____ 2nd choice _____

(All stallions will be gelded according to Rescue policy. However, sometimes a degree of rehabilitation or training is needed before the procedure can take place.)

Would you be willing to foster a horse with the following conditions: (Circle one)

Seized by law enforcement while awaiting a hearing Yes No
(owner could be awarded the animal back)

A horse that the Rescue has no background information on Yes No
(often with seized or abandoned horses)

A horse with training issues Yes No
(to experienced foster homes only)

A horse with health issues or one that requires nursing Yes No
(either long-term or short-term)

A mare that is in foal Yes No
(if yes, please list foaling experience on back)

A horse with special feed requirements Yes No
(may also include foundered or colicked horses)

A horse with special shoeing requirements Yes No
(horse may or may not be rideable)

How many horses could you foster:

On a regular basis: _____

In an emergency: _____ For how long? _____

Please list any concerns, stipulations, or comments:

References:

Please provide three separate references. References from current or prior equine veterinarians are desired; however references from your small animal veterinarian are acceptable. An equine professional is a farrier, trainer, instructor, etc. If you currently do not use or do not know one, you may supply an additional personal reference instead.

Veterinarian: _____ Phone: _____

Equine Professional: _____ Phone: _____

What is their profession? _____

Personal: _____ Phone: _____

This is only an application and implies no guarantee of approval to foster. Triple R reserves the right to deny any application. An onsite inspection of the facilities will be performed by Rescue representatives before a decision to foster will be made. Foster care providers enter into an agreement with Triple R to provide a home for the horse for as long as Triple R feels that the foster home is in the best interest of the animal. Foster animals can never be sold, traded, given away, or placed in another person's care. If the foster home is no longer able to provide care, the animal must be returned to Triple R at no cost or recourse.



Equine Rescue and Rehabilitation Ranch, Inc.

Triple R

P.O. Box 494

Tallahassee, FL 32302

Foster Home Agreement

I, the undersigned, understand that signing this application authorizes Equine Rescue and Rehabilitation Ranch, Inc. to contact the above listed references and inquire about my equine experience. I also understand that I am applying to foster horses from Equine Rescue and Rehabilitation Ranch, Inc. and that I must complete the application process and my home (or boarding facility) must be inspected and approved before being allowed to foster any horses. I understand that I may not be able to foster the animal that I want for various reasons.

I understand that if I foster an animal from Equine Rescue and Rehabilitation, Inc. I will be subject to follow up visits in accordance with this agreement. I also understand that I may never sell, give away, lease out, send to slaughter, etc. the animal that I foster. I also understand that I may never use the animal for breeding purposes.

By signing this foster home application, I agree not to hold Equine Rescue and Rehabilitation Ranch, Inc. liable in the event of injury, death, or damage to any human, animal, or property as a result of activities or actions of the animals I foster. I also understand that I am responsible for the daily care of the animals I foster according to the terms of this agreement. Equine Rescue and Rehabilitation, Inc. will be responsible for veterinary care of the animals unless injury to the animal is caused by my neglect or actions/inactions.

The foster home will be responsible for: _____ feeds and hay
_____ supplements, wormers, and medicine
_____ farrier expenses
_____ boarding costs (if stabled)

Follow up visits and inspections will be performed by Triple R at a frequency of: _____ times per _____.

In addition, I, the undersigned, have read and understand the following warning:

Under Florida law (Laws 1993, c. 93-169, § 91), an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

Foster Applicant: _____ Date: _____

Approved: _____ Date: _____

Equine Rescue and Rehabilitation Ranch, Inc., which is a charitable organization registered under S. 496.411(3), F.S. A copy of the official registration may be obtained from the Division of Consumer Affairs by calling 1-800-435-4352 within the state. Registration does not imply endorsement, approval or recommendation by the state. Florida Registration number: CH30141. Federal Tax ID: 26-4752406.