



The Hooved Animal Sanctuary

A Vermont Rescue Farm Celebrating 10 Years of Protection,
Rehabilitation and Community Education.



The Hooved Animal Sanctuary, P. O. Box 258, Chelsea Vt. 05038 • Tel: 1-802-685-7767

FOSTER CARE APPLICATION

Date _____

Name _____

Address _____

County _____

Home Phone # _____ Business Phone # _____

Employer _____ Employer Phone # _____

1) Do you rent, own, or live with parents? _____

a) If renting, please attach a copy of the lease.

b) Landlord's name: _____ Phone #: _____

2) Will the horse be kept on your property? _____

a) If YES, number of acres the horse will be pastured on: _____

b) Total number of horses on this property: _____

c) Describe the breed and sex of the horses there: _____

d) Describe the area and shelter to be provided.

(Please attach photographs if available):

e) Size of shelter: _____ Size of barn: _____ Size of stall: _____

f) Type of fencing: _____

g) Is the property where the horse will be kept
the same as the address above? _____

i) If no, we need the following information:

Name of boarding stable: _____

Name of owner: _____

Address: _____

Phone #: _____

Name of trainer: _____

Will there be other horses? _____ How many? _____

3) Do you own a horse now? _____ How many? _____

Description: _____

If you have owned horses previously, please explain what happened to them:

4) Please list name and phone # of your current veterinarian:

Name: _____ Phone #: _____

Please list name and phone # of your current farrier:

Name: _____ Phone #: _____

Please list two additional references who are familiar with your care of
and experience with horses:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

5) Describe your level of expertise in the following areas:

a) Riding: _____

Would you be willing to ride foster horses? _____

b) Handling: _____

c) Training: _____

Would you be willing to train foster horses? _____

d) Working with young or unbroken horses: _____

Would you be willing to break young/untrained horses? _____

6) Who will be responsible for the horses?

Feeding: _____ Age: ____ Experience level: _____

Training: _____ Age: ____ Experience level: _____

General Care: _____ Age: ____ Experience level: _____

7) Who will care for the horse when you go out of town?

Name: _____ Phone #: _____

8) How much would you be willing to spend monthly for:

Feed: _____ Farrier: _____ Veterinary care: _____ Board: _____

How often do you feel a horse should be de-wormed? _____

How often should they receive farrier care? _____

How often should they have their teeth floated? _____

What type of vaccinations should a horse receive? _____

9) Please tell us why you would like to foster a horse:

10) Are you interested in fostering a specific type of horse? _____

If so, please fill in the following:

a) Age preference: _____

b) Breed preference: _____

c) Size: _____

d) Sex: _____

e) Training level: _____

11) If the horse is rideable, will you be riding it English or Western? _____

a) Will it be used as a show horse? _____ How often? _____

b) Will it be used as a school horse? _____

c) If yes, how many hours a week will it be working? _____

d) How many people will be riding it? _____

e) Approximate height and weight of rider(s):

12) Do you have access to a riding ring or arena? _____

13) How many hours are you planning to ride/train him per week? _____

14) Have you ever been issued a warning/citation, or been convicted for humane violations? _____ If so, please explain _____

15) Please indicate when it would be convenient for us to do a property/barn check:

**I / WE CERTIFY THAT ALL OF THE INFORMATION CONTAINED
HEREIN IS CORRECT AND TRUE:**

Signature: _____ Date: _____

Signature: _____ Date: _____

Once you have completed this form, print, sign and mail to the address at the top of this form.