

Easy Street Horse & Barnyard Rescue, Inc.
FOSTER APPLICATION

Applicant's Name _____ Spouse's Name _____

Street Address _____
City, State & Zip _____

Is Street Address same as Mailing Address: _____ Y/N?

If no, then enter mailing address: _____

EMAIL: _____

Home Telephone No. _____ Cell No. _____

APPLICANT INFORMATION

Applicant's Current Employer: _____

Position: _____

Years with this Employer: _____ Work Phone: _____ Hrs worked per week: _____
Monthly Income _____

Employer's Address: _____

Spouse's Current Employer: _____

Position: _____

Years with this Employer: _____ Work Phone: _____ Hrs worked per week: _____
Monthly Income _____

Employer's Address: _____

EQUINE & OTHER ANIMALS OWNED:

Please list all animals currently owned and length of ownership (INDICATE IF ANY DO NOT LIVE WITH YOU CURRENTLY & REASON WHY):

If none currently owned, list any past owned, and when owned:

REQUIRED REFERENCE INFORMATION:

Please provide references regarding your involvement with horses:

VET Name: _____ Phone _____
Address: _____
Horses names treated _____

FARRIER Name: _____ Phone _____
Address: _____
Horses names treated _____

Other - Name: _____ Phone _____
Address: _____
Describe person and reason for
reference: _____

CURRENT EQUINE INFORMATION

How many equines do you currently have? _____
Date of last vaccinations for your equine/s: _____
Date the equine/s were last dewormed: _____
Date of last negative Coggins, please list date on all equines _____

EQUINE EXPERIENCE

If you currently do not have any equines have you previously owned and if so for how long? _____
In the past five years, have you given away or sold any equines? Please explain.

In the past five years, have you had any equines pass on while in your care? Please explain.

Describe your experience with handling, caring for, riding, and/or training equines.

CARE:

Who will be feeding the equine? _____

Will the equine be kept in a barn or pasture with run-in? _____

If the equine is in a barn, what size are the stalls? _____

If the equine is in a barn, how often and how many hours will they be turned out? _____

If the equine will be kept in pasture, what size is the paddock/pasture? _____

Return to: Easy Street Horse & Barnyard Rescue, Inc., 109 Langley Rd, Amsterdam NY 12010

Questions: 518-421-0125 or 212-2033

www.easystreetrescue.org

How many other equines are in the paddock/pasture? _____

Type and size of shelter in the paddock/pasture: _____

Type of fencing surrounding the paddock/pasture: _____

Why are you interested in fostering a horse(s)?

Are there any restrictions to health issues with the foster horse?

Are there any restrictions to breed, age, etc with horse you will be fostering?

Have you or any member of your family, or your spouse or spouse's family ever been charged/arrested for any type of animal welfare violation? _____ Was there a conviction? _____

If yes, describe in detail: _____

ACKNOWLEDGEMENT:

The applicant, _____, gives permission for all persons and facilities listed in this application to release all data, regarding applicant(s), to Easy Street Horse & Barnyard Rescue, Inc. (ESHBR). I/We hold harmless any actions arising from release of the information from my contacts to ESHBR. I/We understand that the ESHBR may perform a background check to verify my/our personal information as well as check for any criminal convictions for animal abuse and/or neglect.

By signing this application, I understand that if I foster an equine from the ESHBR I will be subject to occasional follow up visits. I also will be responsible for the financial responsibilities as if owning the horse, and will not receive reimbursement from ESHBR unless stated in advance in writing by the Director of ESHBR. I understand that all expenditures made by me will be tax deductible to the fullest extent of the law.

Applicant/s signature Date

Printed Name/s of Applicant/s

The following information is required for a criminal background check. All information will be protected as Private and confidential:

Applicant: Driver's License #: _____ State Licensed: _____

Full Name: _____ Date of Birth: ____/____/____ SSN ____/____/____

Full Name: _____ Date of Birth: ____/____/____ SSN ____/____/____

Applicant Spouse: Driver's License #: _____ State Licensed: _____

Full Name: _____ Date of Birth: ____/____/____ SSN ____/____/____

Full Name: _____ Date of Birth: ____/____/____ SSN ____/____/____