

***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 \_\_\_\_/\_\_\_\_/\_\_\_\_