

Lucy Mackenzie Humane Society

Horse Foster Application

Your Name	Maiden Name	Date of Birth
Partners Name	Maiden Name	Date of Birth
Street Address	Mailing Address	
City, State, Zip	City, State, Zip	
Home Phone	Work Phone	
Occupation	Company	
Driver's License Number and State	Email Address	
How long have you lived at this address?		

I share my home with \_\_\_\_\_ adults and \_\_\_\_\_ children.

Ages of children: \_\_\_\_\_

Who will be responsible for the care of this animal(s) while in foster care? \_\_\_\_\_

How many horses do you currently own or are fostering? \_\_\_\_\_

**What type of animals have you or your partner lived with or cared for the last 5 years?**

Name	Type	Age	Sex	Spayed/ Neutered?	Where is the animal now?

Do you rent or own? \_\_\_\_\_

What Type of residence?

Apartment  Camp  Condo  House  Trailer  Farm

If you rent please provide landlord's name: \_\_\_\_\_

Landlord's phone number: \_\_\_\_\_

What kind of shelter will be available for this horse(s)? \_\_\_\_\_  
\_\_\_\_\_

If the horse will be stalled, how many hours will it be inside? \_\_\_\_\_

Is there shelter for the horse while it's outside?  Yes  No

If yes what kind of shelter? \_\_\_\_\_

What kind of fencing do you have for turnout? \_\_\_\_\_

Describe water source: \_\_\_\_\_

Who will be caring for the horse(s)? \_\_\_\_\_

If under 18, please give the age: \_\_\_\_\_

What is your experience with horses? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you able to carry out recommended veterinary treatments if necessary?  Yes  No

I give my veterinarian, \_\_\_\_\_, permission to release any and all medical information about my animals to this agency.

Are you able to cover the cost of food for this horse(s)?  Yes  No  
(Agency covers veterinary expenses)

Is there a particular horse that you are interested in? \_\_\_\_\_

**I am prepared to assume the responsibilities of fostering a horse(s), especially:**

- **Providing food, shelter and water**
- **Providing appropriate care for the horse(s)**
- **Returning the animal to the shelter at the appropriate time**
- **Communication with the shelter staff about medical and behavioral problems**

For the purpose of fostering, the undersigned certifies that the above statements are true and complete. This agency has the right to deny an application due to false information or what the staff believes is in the best interest of the animal.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

<b>Staff use only</b>			
<b>Vet checked</b> <input type="checkbox"/>	<b>Landlord checked</b> <input type="checkbox"/>	<b>Approved</b> <input type="checkbox"/>	<b>Declined</b> <input type="checkbox"/>