



Wiregrass Horse Rescue & Sanctuary
106 Adris Place
Dothan, AL 36303
334-718-9355

Foster Care Application

Name: _____

Address: _____
Street City & County State Zip

Phone numbers: _____
Home Cell Business

E-Mail: _____

1. 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 horses there: _____

 - d. Describe the area and shelter to be provided: (please attach photos, 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 located at the same address as shown above? _____
 - h. If no, please provide the following information:
 - i. Name of boarding stable: _____
 - ii. Name of stable owner: _____
 - iii. Address of stable: _____
Street City/County State Zip
 - iv. Phone #: _____
 - v. Will there be other horses? _____ How many? _____

2. Do you own a horse now? _____ How many? _____

3. Please list name and phone # of your current veterinarian: _____

4. Please list name and phone # of your farrier: _____

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

Name Phone number (s)

Name Phone number (s)

6. 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? _____

7. Who will be responsible for the horses?
- Feeding: _____ Age: _____ Experience Level: _____
 Training: _____ Age: _____ Experience Level: _____
 General Care: _____ Age: _____ Experience Level: _____

8. Who will care for the horses when you go out of town? _____
- Name Phone #

9. Are you aware of the cost of maintaining a horse/month?
- Feed : \$50 Hay: \$45 Farrier: \$15 Vet Care: \$15 Supplements: \$10
 Tack: \$____ Equine Dentist: \$7 Dewormer: \$5

10. Please state the reason(s) you would like to foster a horse: _____
- _____
- _____
- _____

11. Are you interested in fostering a specific type of horse? _____
- If so, please provide the following information:
- a. Age preference: _____
 - b. Breed preference: _____
 - c. Size: _____
 - d. Sex: _____
 - e. Training level: _____

12. How many hours are you planning to ride/train the horse per week? _____

13. 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, please print, sign and mail to the address at the top of this form.