

COPPERHEAD HORSE RESCUE HORSE FOSTER APPLICATION

Foster Applicant Information:

Name of the horse(s) you are interested in: _____

Your full name: _____

Your DOB: _____

Street Address: _____

City, State, Zip: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Email: _____

Employer: _____

Household Information:

Who will be the horse's primary caregiver? _____

Do you own, rent, or board where the horse will be staying? Own Rent Board

What type of fencing is used? _____

Will the horse be on pasture, stalled, or run? _____

Approximate size of the pasture, stall, or run? _____

Does the horse have access to shelter at all times? Yes No

What will be used for a shelter? Stall Lean-to Shed Other

Does the horse have access to water at all times? Yes No

Do you agree you will provide the horse(s) with food and supplements as needed to maintain a healthy weight?
 Yes No

Do you agree to care for the horse's hooves as needed? Yes No

Please provide the name and phone number of your current veterinarian clinic:

What Farrier do you intend to use? _____

What is your experience caring for and riding horses? _____

Current/Previous Horse Information:

Will the foster horse be with other horses? Yes No

Have you ever surrendered a horse or had one seized by Law Enforcement? Yes No

Have you ever been charged with (not just convicted of) any crime against an animal, such as abuse or neglect or animal at large? Yes No

Do you understand that approval of this application does not guarantee you will be able to foster the horse(s) requested? Yes No

Do you agree Copperhead Horse Rescue is financially responsible for the following:

- Any vet bills upon approval
- Paying for dewormer
- Paying for vaccinations
- Paying for equine dentist/chiropractic upon approval

Yes No

COPPERHEAD HORSE RESCUE HORSE FOSTER APPLICATION

Do you agree as a foster home to be financially responsible for the following:

- Daily care of horse
- Feed and water of horse (cost of feed and water)
- Maintain/trim hooves as needed
- Scheduling farrier, dentist, chiropractic of horse if necessary
- Scheduling and transport to vet if necessary

_____ Yes _____ No

Do you agree that Copperhead Horse Rescue must be contacted and approval is needed prior to any horse being taken to the veterinarian, chiropractic, or dentistry and if you fail to get approval, you will be financially responsible?

_____ Yes _____ No

Do you agree that you will allow individuals to come see the Foster Horse for potential Adoption while the horse is in your care?

_____ Yes _____ No

By signing, I affirm that I am 18 years of age or older, and the information contained on this form is true to the best of my knowledge. I understand that if I am approved for foster, I will be required to make a substantial commitment of time and money. I agree that I assume full responsibility for the welfare of this horse(s) from the date of fostering and I am accepting this horse(s) as is to foster. I agree that I release Copperhead Horse Rescue, and it's Directors, from all liability and I understand that Copperhead Horse Rescue, and it's Directors, are not responsible for any injury of person or property while fostering. I also agree to submit to a background check if Copperhead Horse Rescue chooses to do so. By signing I am also agreeing to care for this horse(s) with adequate food, water, and shelter.

Foster Applicant Signature

Date

Printed Name: _____

_____ Approved _____ Not Approved

Copperhead Horse Rescue Representative

Date

Printed Name: _____

Title: _____

Please return this application via email or mail to:

copperheadhorsescue@outlook.com

Copperhead Horse Rescue

3751 249th Street NE

McKenzie, ND 58572

If you have any questions, feel free to text or call Beth Kohler (701) 220-7773 or Mike Kapella (218) 779-1391.