

CARE FOR THE HORSES
PO BOX 884
SIERRA VISTA, AZ 85635

This questionnaire along with a home visit, interview, assessment and approval from the board is necessary to determine your eligibility as a temporary or permanent placement home for an animal(s) in a time of need. These steps are taken to avoid placing an animal in yet another unstable situation as well as to insure that it will not prove to be a hardship on the family interested in fostering or adopting the animal.

Please fill out the questionnaire in full, as incomplete applications will not be considered.

Personal Information

Name _____
(print name)

Address _____

(physical address and mailing if different)

How long at this address _____

Telephone _____ Cell _____

Employment Information

Employed by _____ How long? _____
Title _____ Work Phone _____
Work Address _____
Work days/hours _____

References

Personal references (no family please)

Name _____ Phone _____
Address _____

Name _____ Phone _____
Address _____

Name _____ Phone _____
Address _____

1) Do you currently or have you ever owned a horse or burro? (If yes, when and for how long?)

2) Why do you feel you are qualified to care for an abused or neglected equine?

3) If you were approved to foster an animal, how long would you be able to do so?

4) Would fostering an animal put undo strain (time, space, financial) on you or your family?

5) Do you own or rent your property and will the animal be stabled there?

6) What type of corral or pen will be provided? (please specify wood, pipe, size etc.) for the horse? (please specify trees, barn, lean-to or shade type)

7) Do you have a round pen or any other large fenced area for the horse to exercise in? (please specify size and type)

8) Do you have adequate shade available for the horse? (please specify trees, barn, lean to)

9) Daily feedings and care will be done by whom and how many times a day will you be feeding?

10) What type of hay will be provided and how much?

11) What type of grain and how much will be provided?

12) Will the horse have free access to water?

13) Who will do vet care and farrier work?

14) What type of horse are you looking for? (please specify gender, age)

15) What will you use the horse for? (riding, pasture mate, etc)

16) What is colic?

17) What is founder?

18) My goal in fostering or adopting an animal from this program is

*I the undersigned understand that if I am selected to foster an animal(s), that animal remains in the charge of **Care For The Horses**. Under no circumstances is the animal to be sold or transferred to another party without the consent of the **Care For The Horses** board. If I am to be out of town or unable to care for the animal for a period of more than 5 days, I will notify a member of **Care For The Horses** to provide them with the information on the party caring for the animal. If the party caring for the animal has had any prior animal abuse or neglect charges, a member of **Care For The Horses** will be delegated to care for the animal in my absence either on my property or the property of the delegated member. Transportation of the animal will be my responsibility.*

*I the undersigned understand that if I am selected to foster an animal(s), I will take all financial responsibility of caring for the fostered animal(s) including, but not limited to feeding, farrier work, vet expenses, etc. I also agree to housing the animal(s) in a clean, safe and shaded area. Should at any time these conditions are not met **Care For The Horses** reserves the right to remove the animal from the premises and from my care. Humane treatment will be*

*provided at all times, if it is determined that humane treatment has not been provided the animal will be removed from my care. If at any time fostering/adopting becomes a burden to me I will immediately contact a board member from **Care For The Horses** to have the animal removed from my care as not to put the animal at risk. I understand that **Care For The Horses** has the right to make periodic visits with 12-hour notice to insure that humane and ethical treatment of the animal(s) is being adhered to.*

*Upon completion of this questionnaire an assessment will be made by the **Care For The Horses** board and or its committee members to determine my eligibility to foster or adopt an animal(s).*

Print Name

Signature

Date _____

Care For The Horses interviewers:
