



Sandhills Horse Rescue
PO Box 903
Spring Lake, North Carolina 28390
www.SandhillsHorseRescueNC.com
SandhillsHorseRescue@gmail.com

Rehab / Foster Application

Date: _____
Name: _____ Residence County: _____
Date of Birth: _____ Social Security Number (requested but optional): _____
Physical Address: _____
Mailing Address: _____
Home Phone #: _____ Alternate Phone #: _____
Email: _____ Drivers License State / #: _____

Facility Information

- ◆ Will the equine be kept at the above address? YES NO
If **NO**, we need the following information:
Name of boarding stable: _____
Name of facility owner: _____
Physical Address: _____
Mailing Address: _____
Phone #(s): _____
Name of property owner (if different than above): _____
Physical Address: _____
Mailing Address: _____
Phone #(s): _____
- ◆ Number of acres the equine(s) will be pastured on: _____ Total number of equines on above acreage: _____
- ◆ Type of shelter the equine will be provided: _____ Stall _____ 3 sided run-in shed _____ Other _____
If other please describe: _____

- ◆ Type of fencing: _____
****SHR does not accept barbed-wire fencing and fencing must be safe and in good condition****
- ◆ Do you have access to an equine transport trailer that is safe and well maintained? YES NO

General Equine Care and Management Questionnaire (Equine Care & Management in general, not related to fostered equine)

- ◆ Do you have any veterinary (DVM, Technician, etc.) experience? YES NO If yes, specifically with equines? YES NO
- ◆ Do you provide equine training services in a professional capacity? YES NO
If Yes, please describe methods used: _____

- Preferred disciplines: _____

- ◆ What experience, if any, do you have with rehabilitating equines in an emaciated condition? _____

- ◆ What experience, if any, do you have with rehabilitating equines with injuries? _____

- ◆ What experience, if any, do you have with rehabilitating equines with behavioral, handling, or riding issues? _____

- ◆ How often should an equine be tested or treated for intestinal parasites? _____
- ◆ How often do you have hoof care provided by a certified farrier? _____
- ◆ How often should the equine's dental condition be evaluated? _____
- ◆ What type of vaccinations should be administered and how often? _____

Equine Care Donation and Reimbursement

- ◆ What expenses are you financially able to cover, if any, as a foster? (Answer: Yes or No)
Full Board: _____ Partial Board: _____ Emergency Care: _____ Medications / Supplements: _____
Feed: _____ Hay: _____ Farrier: _____ Routine Veterinary Care: _____
- ◆ What are the estimated expenses you are volunteering to financially cover, if any? (Answer: Monetary Amount)
Full Board: _\$ _____ Partial Board: _\$ _____ Emergency Care: _\$ _____ Medications / Supplements: _\$ _____
Feed: _\$ _____ Hay: _\$ _____ Farrier: _\$ _____ Routine Veterinary Care: _\$ _____
- ◆ Are you willing to donate your training services? YES NO If No – What is your monthly fee? _\$ _____
What does that monthly fee included?: _____

Equine Preferences

The more flexible you can be in your specifications, the more likely it is that we can match you with an equine to foster. When making your specifications, please make sure you indicate the absolute maximum and minimum you will accept. If you have no preference we will contact you when an equine is in need of foster placement and provide you with the information we have obtained and discuss if your farm/facility would be an ideal foster location for the equine.

- ◆ Do you need an equine that is or will be rideable? (please check one) YES DON'T CARE
- ◆ Please specify any breed (draft, mini, thoroughbred, etc.) restrictions: _____

- ◆ Please specify any age restrictions: _____
- ◆ Are you willing to foster (check all that apply): Equine Pony Mule Donkey
- ◆ Are you able to safely and securely foster a stallion? YES NO
- ◆ Are you able to safely and securely foster a foal/weanling? YES NO
- ◆ Are you able to safely and securely foster a miniature-size equine? YES NO
- ◆ Are you able to safely and securely foster a draft-size equine? YES NO
- ◆ Are you able to safely and securely handle an equine with behavioral or training issues? YES NO

- ◆ Will you consider an equine that is (please check as many as apply)
 - No Training Ground Training Only Started Under Saddle Green-broke Well-broke
 - Other (Please explain) _____
- ◆ Are you willing to foster an equine that is in need of rehabilitation due to severe malnutrition / starvation? YES NO
- ◆ Are you willing to foster an equine that is in need of rehabilitation due to injury or illness? YES NO
- ◆ Are you willing to foster an equine that requires specialty care, medical treatment, or supplementation? YES NO

References

- ◆ Please list at least two personal references who are familiar with your care of and experience with equines:
 - Name: _____ Phone #: _____
 - Name: _____ Phone #: _____
 - Name: _____ Phone #: _____
- ◆ Please list at least two professional references that are familiar with the care and management of any animals in your possession (veterinarian, farrier, trainer, etc.):
 - Name: _____ Phone #: _____
 - Name: _____ Phone #: _____
 - Name: _____ Phone #: _____

Humane Violations Check

- ◆ Have you ever had a report filed related to animal neglect or abuse that involved you in any way, been issued a warning/citation related to animal neglect or abuse, or been convicted for animal neglect, abuse, or other humane violations? _____
 If yes, please explain on a separate sheet of paper.
- Do you consent to a personal criminal history inquiry being requested and obtained by SHR? YES NO

I CERTIFY THAT ALL THE INFORMATION CONTAINED HEREIN IS CORRECT AND TRUE. ANY FRAUDULENT INFORMATION LISTED MAY BE CAUSE FOR DENIAL OF FOSTERING THROUGH SHR.

Print Name: _____ Signature: _____

SHR Administrative Use Only

SHR Representative Reviewing Application: _____ *Date:* _____
SHR Board of Directors Officer Approving Application: _____ *Date:* _____