



Foster Care Information Sheet

Horses At Heart

A Whatcom County Non-Profit Horse Rescue

Contact Information:

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Facilities Available (check all applicable):

- | | | |
|---|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Open pasture | <input type="checkbox"/> Turn-out isolated |
| <input type="checkbox"/> Box stall | <input type="checkbox"/> Pasture with run-in shed | <input type="checkbox"/> Turn-out in herd |
| <input type="checkbox"/> Box stall with run | <input type="checkbox"/> Paddock no shelter | <input type="checkbox"/> Paddock with shelter |
| <input type="checkbox"/> Foaling stall | <input type="checkbox"/> | <input type="checkbox"/> |

Acreage Available (check all applicable):

- Total Acreage: _____ Number of Acres in Pasture: _____
 Number of horses currently owned or boarded: _____ Owned _____ Boarded

Riding/Exercise Facilities:

- | | | | |
|---|--|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Indoor/Covered Arena | <input type="checkbox"/> Outdoor arena | <input type="checkbox"/> Round pen | <input type="checkbox"/> Pasture area |
| <input type="checkbox"/> Trails | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Fencing:

- Mesh Hot Wire or Tape New Zealand Board or Round Pole
 Other (describe) _____

Please indicate which you can comfortably foster:

- | | | | |
|--|---------------------------------|--|---|
| <input type="checkbox"/> Easy Keepers Only | <input type="checkbox"/> Senior | <input type="checkbox"/> Special Needs
(medical care, etc.) | <input type="checkbox"/> Vices (cribbing,
weaving, etc.) |
| <input type="checkbox"/> Pregnant Mare | <input type="checkbox"/> Foals | <input type="checkbox"/> Hard to Handle | <input type="checkbox"/> Stallion |
| <input type="checkbox"/> Wild/Untrained | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Duration of Foster Care commitment:

- 1 month 3 months 1 year Other _____

Number of horses you are willing to provide Foster Care for:

- 1 horse 2 horses 3 horses Other: _____

Do you have the ability to quarantine a horse separate from other horses for the initial 14-day period?

- Yes No

The level of Foster Care you are comfortable providing:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Full care | <input type="checkbox"/> Hay | <input type="checkbox"/> Grain/Supplements |
| <input type="checkbox"/> Limited care | <input type="checkbox"/> Worming | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Basic Vet Care | <input type="checkbox"/> Farrier Care | <input type="checkbox"/> Basic Ground Training |

- Other Comments/Requirements:

Please attach photos of your facility/farm/etc. (if available) and send along with this Foster Information Sheet to:

E-mail: tammy@horsesatheart.org,

Mail: Horses At Heart, 427 W. Bakerview Rd, Suite 105-241, Bellingham, WA 98226.