



## APPLICATION TO FOSTER

Without foster homes, HAPI Trails wouldn't be able to accept so many horses into our adoption program. By fostering a horse you are providing the horse with a place to live, shelter, food, water, proper medical care if needed, and just some good old TLC. You will be responsible for the actual costs in caring for the horse, however your expenses are tax deductible and HAPI Trails is willing to assist, should you have the need. Horses may be fostered from 30-90 days at a time or a longer period of time if the horse is not adopted quickly and the foster home is willing. All foster horses remain up for adoption. The foster home always has first option in adopting the fostered horse. In order to be accepted into our foster program you must complete this Application, provide one personal references, and allow for a home visit of where the horse will be fostered. Once you have been approved as a foster facility you may make an appointment to discuss your foster capabilities.

### Things to remember prior to fostering a horse from HAPI Trails:

★ In order for your fostered horse to find a permanent home, potential adopters must be able to visit the horse. You will be asked to make appointments with potential adopters to show the horse and discuss the horse's abilities. If you do not want to be bothered by people coming to look at the horse, please don't consider fostering.

★ Fostering a horse can be emotional, please make sure that you discuss the concept of fostering with everyone in your family and make sure that they understand that the horse will eventually be leaving.

### APPLICANT INFORMATION

Print: \_\_\_\_\_ Signature: \_\_\_\_\_

Address City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please answer the following questions and return to HAPI Trails - Horse Adoption Program, Inc.**

### EQUINE RELATED INFORMATION:

All Applicants must be over the age of 18.

Have you ever been charged with or convicted of animal abuse and/or neglect? Yes No

If yes, please explain: \_\_\_\_\_

Do you currently own any equine? Yes No If Yes, how many? \_\_\_\_\_

Have you previously owned a horse? Yes No If so, when/how long? \_\_\_\_\_

Do you have a breed preference? \_\_\_\_\_  Gelding  Mare  No Preference

Age preference?  Yearling  Young (2-12)  Teenager (13-19)  Seasoned (20+)  No Preference

Size preference?  14-15 hands  15-16 hands  16+ hands  No Preference

Would you foster a horse with physical limitations (i.e., companion only; no jumping; light trail riding)? Yes No

Briefly describe your experience with horses, handling, caring for horses, foaling, riding, training, showing: \_\_\_\_\_

\_\_\_\_\_

Are you interested in adopting a horse? Yes No

**FACILITY INFORMATION:**

Will the equine be housed at the address stated on the first page? Yes No  
If not, please provide contact information at bottom of page.

Please describe shelter and turn out (we would prefer that you have a minimum of 2.5 total acres)

Pasture Size: \_\_\_\_\_ Number of other equine that will kept in the same pasture: \_\_\_\_\_

Describe the type and size of shelter in pasture: \_\_\_\_\_

Describe the type of fencing that is used for the pasture: \_\_\_\_\_

**EQUINE CARE INFORMATION:**

Who will be feeding the fostered equine? \_\_\_\_\_

What type of feeding program do you plan on providing for this equine? \_\_\_\_\_

What type of DeWorming program do you plan on implementing? \_\_\_\_\_

Farrier and Vet care can be provided by HAPI Trails, but if during your foster time this care is needed, please let us know who, what and when, so that we may keep this in our records. A Records Form can be provided if requested.

Is there anything 'extra' that you would like to provide for this fostered horse? (training, special care - chiropractic, tack)

**REFERENCE:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**APPLICANT**

Signature: \_\_\_\_\_

Signed this Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Thank you for supporting our program!

If an equine has been chosen for fostering (To be filled out by a HAPI Trails representative):

**EQUINE INFORMATION:**

Equine Registered Name: \_\_\_\_\_

"Barn Name": \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

**DATE DELIVERD/PICK-UP FOR FOSTER HOME:** \_\_\_\_\_