



C O L O R A D O
H O R S E R E S C U E

10386 N. 65th Street, Longmont, CO 80503 • Ph: (720) 494-1414 • Fax: (720) 494-1415 • www.chr.org

Foster homes needed!

Members of the Colorado horse community...

Rescues across the state are full, and our waiting lists are long. You can help make a difference by opening up your barn and your heart to a rescued horse in need of a place to stay. With every horse that goes into foster care, we can help another horse on the waiting list. CHR is looking for foster families that are willing to take on the responsibility of caring for a horse or two by providing food, shelter, farrier care, medical attention, companionship, and, in some cases, training and riding until a permanent home can be found.

Please fill out the following *Foster Home Application* if you would like to be considered for eligibility.

Foster families agree to the following:

- Permit a CHR representative to conduct a site visit at the prospective foster care facility prior to approval of the foster home.
- Adhere to CHR's *Standards of Care* for the fostered horse (see staff for details).
- Cover all costs associated with caring for the fostered horse including, but not limited to: hay, feed, vet care, and farrier work. (CHR agrees to cover costs for medications and farrier work for horses with ***pre-existing*** health and/or hoof conditions that require medications and/or therapeutic hoof care).
- Allow potential adopters to schedule visits with the fostered horse. (A CHR representative accompanies the potential adopter on all visits).

Tax benefit...Foster families may deduct any out-of-pocket expenses associated with caring for a fostered horse and are always welcome to apply to adopt their special equine.

Thank you for your interest in becoming a foster family. However, if you feel that you are unable to foster or adopt at this time, please consider our sponsorship program—it's another great way to help the horses!



COLORADO HORSE RESCUE

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Foster Home Application

General Information

Date: _____

Name: _____

Address: _____

Phone: _____

Employer: _____

Years with Employer: _____

E-mail Address: _____

City/State/ZIP: _____

Alternate Phone: _____

Position: _____

How long are you willing to foster a horse from CHR?

- 3 months (minimum) 6 months 1 year Indefinitely

Do you currently own a horse/horses? YES NO

If so, how many? _____

Please provide a brief description of your horse(s): _____

Have you ever sold, given away or sent to auction any equines? YES NO

If yes, please explain circumstances: _____

In the past five years have you had any equines in your care pass away?

If so, please explain: _____

Please briefly explain your horse care, stable management, and riding experience: _____

Are you willing to foster horse(s) in case of emergency such as Animal Control seizures and natural disasters?

- YES NO If yes, how many? _____ How long could you keep the horse(s)? _____

If you are able to trailer horses, may we call you in case of emergency? YES NO Don't own a trailer

Type of Horse You Are Willing To Accept

General

Preferred Age Range: _____

Please check the appropriate box on the left

| YES | NO | Description |
|-----|----|-------------------------------------|
| | | Mare |
| | | Gelding |
| | | Limited ride (walk/trot only, e.g.) |
| | | Non-rideable companion |
| | | Mustang* |
| | | Racer off the track* |
| | | Previously unhandled* |
| | | Young unstarted* |
| | | Needs re-training* |
| | | Senior horse (over 25 years old)* |
| | | Pregnant mare* |
| | | Mare with foal* |

* If you indicated 'yes', please explain your prior experience:

Special Needs

| YES | NO | Description |
|-----|----|--|
| | | Injured horse requiring confinement |
| | | Horse requiring therapeutic hoof care and/or special shoeing |
| | | Horse requiring medication |
| | | Horse needing to be separated from others during feeding |
| | | Horse on a restricted feeding program |
| | | Horse requiring multiple feedings per day |
| | | Horse needing a winter blanket and/or fly mask |
| | | Horse in custody of law enforcement (may require court ordered record keeping) |

Limitations

Lameness: None Slight Rideable with special care

Behavioral: None Slight Needs confident handler Needs significant training

Blindness: None One-eyed/Partial blindness Any blindness*

* If checked, please explain your experience with handling blind horses: _____

Other Vices (cribbing, pacing, pawing, stall kicking, food protective, etc): None

List those that are okay: _____

Horse Care

Housing

Where will the fostered horse(s) live? Your home Boarding facility
Boarding Facility Name: _____ Phone: _____
Address: _____ Contact Person: _____

Will the fostered horse(s) share housing with other types of animals? YES NO
If yes, what type(s)? _____

Barn Stall: YES NO If yes, turn out time (hours per day): _____ Run Available? YES NO

Pasture: YES NO
If yes, list size: _____ Number of horses: _____
Hours per day: _____ Months per year: _____
Type of fencing: _____
Describe shelter: _____

Paddock: YES NO
If yes, list size: _____ Number of horses: _____
Type of fencing: _____
Describe shelter: _____

Feeding

Who is responsible for feeding the horses in your care? _____
How often are the horses able to be fed? 1x daily 2x daily 3x daily
 Other: _____
Type of Forage (check all that apply): Pasture Grass hay Alfalfa Mix
Ability to Supply/Prepare: Beet pulp Grain Supplements Soaked hay

Health Care

List how often your horses receive the following:
Veterinary Wellness Exam: _____ Vaccinations: _____
Deworming: _____ Fecal Tests: _____
Dental Floats: _____ Other (chiropractic, massage, etc): _____

Do you know the signs of colic? YES NO
Do you know the signs of founder? YES NO
How quickly can your vet respond to an emergency? _____
Name of Vet: _____ Phone: _____

Hoof Care

How often do your horses receive farrier care? _____
How long have you been using your current farrier? _____
What types of services does your farrier typically provide? _____
Name of Farrier: _____ Phone: _____

Activities

How much time per week do you spend with horses in your care? _____

List types of activities you do with your horses: _____

How would you provide enrichment for a non-rideable companion horse? _____

References

Veterinarian Name: _____

Address: _____

Email: _____

Phone: _____

City/State/ZIP: _____

Equine Professional Name: _____

Address: _____

Email: _____

Phone: _____

City/State/ZIP: _____

Personal Reference Name: _____

Address: _____

Email: _____

Phone: _____

City/State/ZIP: _____

As a foster parent for CHR, I agree to allow potential adopters to visit the foster horse(s) on my property. These visits will always be by appointment only, and a CHR staff member will always be present. Initial: _____

Confidentiality Statement

I agree to use discretion and to keep all CHR matters discussed confidential. These matters may include but are not limited to interaction with animal control authorities, information regarding pending cruelty cases, CHR policies and procedures and other related business.

Signature: _____

Date: _____