

FOSTER HOME APPLICATION

Throwaway Ponies

A. General Information (all fields must be completed. If non-applicable enter n/a)

All foster applicants must be at least 18 years of age.

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ **Alternate Phone:** _____

Email Address: _____ **Date of Birth:** _____

Employer: _____

Employer

Address: _____ **Years Employed:** _____

B. Membership Information: (All adoptive homes MUST be a member of Throwaway Ponies). If you are already a member, please mark here and skip to Section C.

Already a member Membership date: _____

If you are not a member of Throwaway Ponies, Please complete the following:

BEHS's 501(c)(3) tax-exempt status is currently pending. All contributions may be tax deductible to the extent allowed by law. Please make check payable to: Throwaway Ponies, Inc. and return to the above address. Your cancelled check is your receipt.

- | | | |
|--------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> | Youth-\$15 (under 18 years of age) | Parent/legal guardian signature _____ |
| <input type="checkbox"/> | Adult - \$25 | |
| <input type="checkbox"/> | Family - \$50 | |
| <input type="checkbox"/> | Sponsoring Member \$150 up | |
| <input type="checkbox"/> | Lifetime Member \$1,000 (free gift) | |
| <input type="checkbox"/> | Other, Please specify _____ | |

Confidentiality Statement: I agree that certain information concerning Throwaway Ponies Society may be confidential and I will use discretion discussing Throwaway Ponies policies, procedures, cases and other business with anyone that is not a member of Throwaway Ponies. I also understand that as part of my membership, it is a privilege not a right to join certain email lists. No email message will be forwarded or discussed with to anyone not being a member of the same lists. without receiving permission from an officer of Throwaway Ponies. I have read, understand, and agree to abide to this statement outlined herein.

Signature

Date

I heard about Throwaway Ponies from: _____

May we add you to:

Throwaway Ponies email list Yes _____ No _____

Throwaway Ponies Newsletter Yes _____ No _____

C. Equine Information (all fields must be completed. If non-applicable enter n/a)

Have you ever been charged with or convicted of animal abuse? No _____ Yes _____

Will foster equine be located at a different address than above? No _____ Yes _____

*** If yes please complete the following ***

Facility Name: _____

Facility Address: _____

City, State, Zip: _____

Phone Number: _____ Contact Person: _____

Do you currently own any horses/equines? No _____ Yes _____ If Yes How Many _____

What vaccinations did your Equine(s) receive? _____

Are the vaccinations current? _____

Do you maintain your equines on a worming program? _____

Do your horses have current Coggins tests? _____

D. EXPERIENCE (all fields must be completed. If non-applicable enter n/a)

If you currently own any equine or have owned equines in the past, please list when, how long you owned them and what type.

WHEN	HOW LONG	TYPE

If more space is needed, please state to see back of page and list further information there

In the past five years, have you given away or sold any equines? If yes, please explain.

In the past five years, have any equines in your care die? If so, please explain.

Please describe what experience you have handling, caring for, riding, and training equines.

E. EQUINE FOSTER CARE (all fields must be completed. If non-applicable enter n/a)

How often will you feed the fostered equine? _____

What type of feed will be available for the fostered equine? _____

How often will a farrier trim or shoe the fostered equine? _____

How often will the fostered equine be wormed? _____

Will the fostered equine be kept in a barn or pasture? _____

If a barn is used for foster equine; list size of stalls _____

If the foster will be in a barn how often will it be turned out? _____

If the equine will be in a pasture, what size pasture? _____

How many other equines will be kept in the pasture with the foster? _____

What type of fencing do you use? _____

Is there any type of debris in the pasture such as (mark any that apply)

METAL _____ GLAS _____ TRAS _____ OTHE _____
S _____ H _____ R _____ IF OTHER PLEASE DESCRIBE

F. TYPE(S) OF EQUINE PREFERRED

The following questions will help determine what type of animal you would prefer to foster. Please complete the following information. Feel free to put any concerns or stipulations you have.

Please mark next to each of the following you would be willing to foster:

HORSE _____ **PONY** _____ **MULE** _____
DONKEY _____ **MINIATURE** (horse or Donkey) _____ **Zebra-horse/ donkey hybrid** _____

How many fosters could you hold on a ? Regular basis _____ Emergency _____

Would you be willing to foster an equine with the following conditions?

Seized by law enforcement while awaiting a hearing (owner could be awarded the animal back by a judge)	NO		YES	
Concerns:				
An equine that Throwaway Ponies has no background information on? This happens frequently with seized or abandoned horses	NO		YES	
Concerns:				
A horse with training issues (if yes, please list your experience below)	NO		YES	
Concerns:				
A horse with health issues?	NO		YES	
Concerns:				
An older horse	NO		YES	
Concerns:				
A horse that is too young to ride	NO		YES	
Concerns:				
A stallion or newly gelded animal	NO		YES	
Concerns:				
An equine that can not be ridden for any reason	NO		YES	
Concerns:				
A mare that is in foal (if yes, please indicate foaling experience)	NO		YES	

Concerns:			
An equine with serious hoof problems such as founder (if yes please indicate your experience with treatment)	NO		YES
Concerns:			

G. REFERENCE INFORMATION: *(all fields must be completed. If non-applicable enter n/a)*

Three separate reference letters must be received before any foster home application will be considered complete and reviewed for approval. The required references are: Veterinarian, Equine Professional (this may be a trainer, farrier, etc...) and personal (no relation). These must be three (3) separate people.

Please complete the following information for your references:

*Veterinarian Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

* This is your vet or who will become your veterinarian

Equine Professional Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Personal Reference Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

No foster application will be processed until a letter of reference is received from a veterinarian, equine professional and personal reference.

I the undersigned understand I am applying to foster equines from Throwaway Ponies. I also understand that I must complete the application process and my home (or boarding facility) must be approved before being allowed to foster any equine from Throwaway Ponies. I understand that I may not be able to foster the equine I want for various reasons.

By signing this foster home application, I agree that I have read and understand the fostering policies of Throwaway Ponies. I also agree not to hold Throwaway Ponies liable in the event of injury, death, or damage to any human, animal, or property as a result of activities or actions of the equine(s) I foster. I also understand that I am responsible for daily care of the equine(s) I foster, including (but not limited to) cost of grain, wormer, farrier work, and other costs incurred in routine care of the equine. Throwaway Ponies will be responsible for vet care of the equine(s) in accordance with the Veterinary Procedures Policy unless injury to the equine is caused by my neglect or actions.

In addition, I, the undersigned, have read and understand the following warning:

WARNING

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

Foster Applicant

Date

Foster Applicant (if Joint request with spouse)

Date

Approving Official

Date