

**Clark County Executive Horse Council
Foster Program**

Please provide us with the following information:

TODAY'S DATE _____

NAME: _____

OVER 18 YEARS OF AGE? _____

STREET ADDRESS _____

CITY _____ **ST** _____ **ZIP** _____

E-MAIL ADDRESS _____

HOME PHONE _____ **CELL PHONE** _____

OCCUPATION _____ **WORK PHONE** _____

Are you willing/able to foster a horse without any financial compensation? _____

Are you willing/able to rehabilitate the horse (i.e., diet, demeanor, medical attention) _____

If the horse has behavior issues, are you willing to deal with this? _____

Have you ever been responsible for the care of a horse? _____ If yes, for how long and under what circumstances? _____

Please list any other large animals you now have and species:

Describe the stall or shelter the horse will have: _____

Do you live where the horse(s) will be kept? _____ (If no, please explain) _____

Are you able to care for a special needs horse, i.e., giving several feedings a day or administering medication several times a day? _____

For what reasons would you call your vet? _____

How large is turn-out area? _____

What kind of fencing encloses turn-out area? _____

How many hours a day will horse be turned out? _____

If anyone other than you will be responsible for daily care, who will that be? _____

What is their relationship to you, and what is their experience? _____

Can you provide a two-week isolation/quarantine area for a horse? _____

How many horses are you able to foster at one time? _____

Can you foster a stallion? _____

Are you willing to foster a horse for both short-term and long-term obligations? _____

If you know you can only foster a horse for a specific time, please list your anticipated time commitment. _____

Please describe your general background with horses and your skill level. Please list any unique specialties or skills. _____

Are you willing to share information with law enforcement agencies? _____

Are you willing to be interviewed by news media, and are you willing to allow media on your property? _____

Are you willing to testify in court as a potential witness in a criminal neglect/abuse investigation? _____

Are you willing to let a designated person have access to your property/facilities in order to inspect and certify your property as a suitable foster home? _____

Have you ever been accused/convicted of abuse to an animal or human? _____

Do you have access to equine transportation? _____ Would you be willing to be on a contact list to help transport horses in the event that equine transportation is needed to aid Animal Control or in an emergency situation? _____

Would you be willing to be contacted to help catch loose horses in an emergency situation? _____

Are you able to pick up feed that is on will/call with your own transportation? _____

I certify that all of the information contained herein is true and correct. I understand that if the foster(s) is a stallion or a mare, under no conditions whatsoever will he be used as a stud and under no conditions whatsoever will she be impregnated. I understand that the foster horse(s) is the property of the Clark County Executive Horse Council and that the ultimate goal is to rehabilitate and adopt the horse to a suitable home. I agree not to post the foster horse/horses in my care on social media without prior approval from Adopt-a-Horse. I will not hold CCEHC liable for any injury or damage caused to my person or property while fostering the horse(s). I will obtain permission from a CCEHC Adopt-a-Horse representative before riding any foster horse or before allowing any visitors to ride any foster horse.

Signed _____ Dated _____

Please supply the following references:

Veterinarian Name: _____

Phone Number: _____

Farrier Name: _____

Phone Number: _____

Friend Name: _____

Phone Number: _____

E-Mail: _____

Directions to your farm or stable from the nearest major road or highway:

***Please return completed application to Keitra Curnutt, 39707 NE 94th Avenue,
La Center, WA 98629***

Thank you for your interest and support.

Notes _____

LIABILITY RELEASE

Clark County Executive Horse Council Foster Program
Clark County, Washington

I shall hold the Clark County Executive Horse Council Foster Program (aka CCEHC), owners, employees, volunteers and tenants harmless from any and all costs, claims and liabilities of any kind arriving out of my(our) interaction with any animal activities, any horse, pony, dog, cat or animal on the property, living at, visiting or boarding at the foster home or other location for which I am donating time/services, for injury to, or death of, a participant in equine or animal activities resulting from inherent risk of equine or animal activities.

I assume any risk of damage to property, animal or injury to myself, or anyone visiting the location with me. I understand horses can bite, strike, rear, etc, which can cause injury or death. I understand there are certain risks inherent with handling animals and I accept those risks.

Print name:

Signature: _____ Date: _____

Name(s) & age(s) of minors who will be accompanying you for whom you will be accepting liability:

Your Address:

Your Phone: _____

Emergency Contact Name and Phone:

Volunteer Position: Foster Home Provider

Purpose

The **Purpose** of this volunteer position is to provide the foster horse with a safe, secure, nurturing home. The foster home network is the backbone of our organization, and we rely heavily on them for the success of this program.

responsibilities

1. Provide a structured shelter that will safely accommodate the number of horses being fostered. It could be a stall in a barn, or a run-in field shelter.

2. Provide fenced turnout. Fencing must be safe for horses (preferably no barbed wire) and secure. Turnout should be of sufficient size to allow the horse some outdoor exercise and fresh air.

3. Provide at least two meals a day, AM and PM. Meals shall consist of food that is recommended by the veterinarian or program coordinators.

4. Provide access to fresh, clean water at all times.

5. If possible arrange farrier and veterinarian appointments, and prospective adopter appointments to fit the foster volunteer's schedule. If this is not possible another volunteer will be asked to meet with farrier or veterinarian. Veterinarian visits must be pre-approved.

6. Any purchases that the foster volunteer expects reimbursement for must be pre-approved by program coordinators. Must be able to pick up feed that is on will call at the feed store (pioneer feed) or hay bank.

Qualifications

1. Prior experience with horses is greatly desirable but not completely necessary. Willingness to learn and follow instructions is welcome here.

2. Foster home should be located in Clark County and adjacent areas.

Time Commitment

Horse can be in foster care from 1 month to 1 year or longer. We ask that the foster volunteer give us at least a 1 month notice to find different living arrangements if the occasion arises that the foster horse can no longer be accommodated.