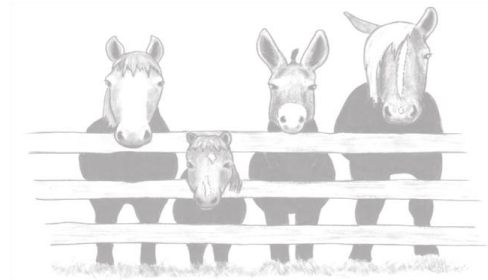


Colorado Feedlot Horses Foster Application



General Information

Name: _____ Email: _____
 Address: _____ City/State/Zip: _____
 Phone: _____ Cell Phone: _____

How long are you willing to foster a horse(s)?
 _____ 3 Mos. _____ 6 Mos. _____ 12 Mos.

Do you currently own a horse/horses? _____ Yes _____ No

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

If Yes, Please Explain: _____

Please explain your horse care, stable and/or riding experience:

Are you willing to foster a horse in the case of an emergency? _____ Yes _____ No

Are you able to trailer horses? _____ Yes _____ No _____ No Trailer

Horse Types

Preferred Age Range: _____

Yes	No	Description	If Yes, Prior Experience
		Mare	
		Gelding	
		Light Riding	
		Companion Only	
		Mustang	
		Off the Track	
		Unhandled	
		Yearling	
		2-3 Year Old, Unstarted	
		Needs Retraining	
		Senior Horse	
		Pregnant Mare	
		Mare with Foal	

Special Needs

Yes	No	Description
		Stall Rest
		Special/Therapeutic Shoeing
		Medications
		Has to be separate for feeding times
		Restricted/Special Feeding
		Injections
		Multiple Feedings
		Blanketing/Fly Masks
		Skin Allergies
		Respiratory Issues
		Blindness
		Lameness
		Cribbing, Pacing, Pawing, Stall Kicking

Horse Housing

We currently only allow foster horses to be at your personal residence.

Do you have any other types of animals that share the same housing? _____ Yes _____ No
 If Yes, What Types? _____

Yes	No	Description	Additional Comments (# of, Size, Hours Per Day, Etc.)
		Barn Stall	
		Run Available	
		Pasture	
		Paddock	

What type of fencing do you have? _____

Horse Care

Who is responsible for feeding horses? _____
 How often are horses fed? _____

Yes	No	Description
		Pasture
		Grass Hay
		Alfalfa
		Mix
		Can you prepare/feed Beet Pulp?
		Can you prepare/feed Supplements?
		Can you prepare/feed Soaked Hay?
		Can you prepare/feed Grain?

Do you know the signs of colic? _____ Yes _____ No
 Do you know the signs of choke? _____ Yes _____ No

How quickly can your vet respond to an emergency? _____

Veterinary Office: _____
 Veterinarian Name: _____
 Veterinarian Phone #: _____

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

Name of Farrier: _____
Farrier Phone #: _____

How much time do spend per week with your horses?
_____ Hrs. Riding _____ Hrs. Groundwork _____ Hrs. Grooming/General Maintenance

How would you provide enrichment for a companion only horse? _____

References

Equine Professional: _____
Address: _____
Phone #: _____

Personal Reference: _____
Address: _____
Phone #: _____

Terms

1. I agree to allow potential adopters to visit the foster horse(s) on my property by appointment only and only with a CFH representative present. _____ **Initial**
2. As a foster home you are entirely responsible for the feed and farrier care for the horses in your care. Vet care will only be administered with the express permission of a Colorado Feedlot Horses board member and through an approved veterinarian. _____ **Initial**
3. I am over 18 years old and have permission from the property owner (yourself or landlord) to foster animals on my property. I realize that horses coming from a feedlot have a higher instance of sickness up to and including strangles and understand that I release Colorado Feedlot Horses from any liability pertaining to property damage or spread of disease from a foster horse. _____ **Initial**
4. I agree to use discretion and keep all Colorado Feedlot Horses matters discussed confidential. _____ **Initial**

Name: _____
Signature: _____
Dated: _____

