



## NEER North Foster Application

### FOSTER EQUINE DETAILS [Office Use Only]

Name and Description: \_\_\_\_\_  
 Current feeding amount/schedule: \_\_\_\_\_  
 Current worming schedule: \_\_\_\_\_  
 Last vet check/description: \_\_\_\_\_  
 Last vaccination/type: \_\_\_\_\_  
 Special needs and/or limitations: \_\_\_\_\_  
 Horse riding description (e.g. trails, ring): \_\_\_\_\_

All information must be completed in full.

### GENERAL INFORMATION

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home/Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Occupation: \_\_\_\_\_

### FOSTER APPLICATION

- Please list the name, address, telephone number and length of time used of your current veterinarian and farrier that will be caring for the foster equine:

Veterinarian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Time Used: \_\_\_\_\_  
 Farrier: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Time Used: \_\_\_\_\_

- Please list the names, addresses and telephone numbers of two references (non-family) familiar with your experience and care of horses that we may contact:

Reference 1: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Reference 2: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- Who will care for the equine if you are sick, injured or otherwise unable:  
 \_\_\_\_\_

- What is your experience with equines? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Do you own a horse trailer? YES / NO



**FOSTER APPLICATION – cont'd**

6. Have you or do you currently own and care for equines? YES / NO Please describe:  
 \_\_\_\_\_  
 \_\_\_\_\_
  
7. What is the intended use for this equine? Please place an "X" for all possible answers:  
 \_\_\_\_\_ Companion (no riding) \_\_\_\_\_ Pleasure riding only \_\_\_\_\_ Endurance riding  
 \_\_\_\_\_ Jumping \_\_\_\_\_ Barrels, Poles, etc. \_\_\_\_\_ Trail riding \_\_\_\_\_ Dressage  
 If you plan on riding, how often? \_\_\_\_\_
  
8. Will the equine be stabled on your own property? YES / NO  
*If you answered yes to this question, please answer the following:*
  - a. How many acres do you own? \_\_\_\_\_
  - b. How many pasture acres will the equine have? \_\_\_\_\_
  - c. How many equines do you currently have? \_\_\_\_\_ Types? \_\_\_\_\_
  
9. If the equine will be stabled at a boarding facility (or on someone else's farm or property), please provide the following information:
  - a. Name of the boarding facility or farm: \_\_\_\_\_
  - b. Name of owner of boarding facility or farm: \_\_\_\_\_
  - c. Address of the facility: \_\_\_\_\_  
 \_\_\_\_\_
  - d. Telephone number of the boarding facility: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
  - e. Total number of equines at this facility: \_\_\_\_\_
  
10. Whether on your property or at a separate facility, please provide the following details:
  - a. Type of shelter (i.e., barn, run-in, etc.) that will be available for the equine:  
 \_\_\_\_\_
  - b. If a barn, please provide the number and size of stalls: \_\_\_\_\_
  - c. Type of fencing is used for pasture: \_\_\_\_\_
  - d. Type of water system in summer/winter: \_\_\_\_\_
  - e. Feeding schedule and type of food: \_\_\_\_\_
  - f. Amount of hay and grain per equine per day. If pasture fed, indicate which months and what feeding system is used in the winter: \_\_\_\_\_  
 \_\_\_\_\_

**AGREEMENT**

The foster applicant agrees that:

- Equine will be provided with adequate feed, shelter, foot care, grooming and exercise, as appropriate.
- Equine will be kept on the premises described. Equines cannot be relocated to another address except to attend a day clinic or training. Horses may also be ridden off property on trail rides. Any overnight event including clinic or trail ride shall require prior notice to NEER North.
- NEER North will be notified immediately in the event of injury or serious illness.



## NEER North Foster Application

- Veterinarian will be notified immediately in the event of injury or serious illness.
- Halter will be removed from equine when they are turned out.
- Farrier costs will be paid for by foster.
- Veterinary costs will be paid for by: \_\_\_\_\_ foster; \_\_\_\_\_ NEER North; \_\_\_\_\_ shared by foster and NEER North. Vet care includes yearly exams, Coggins, yearly teeth floating or as suggested by vet, and routine vaccinations (Tetanus, E/W, flu-rhino, rabies, West Nile)
- Equine may be shown periodically to potential adopters. Foster will be given first choice of adoption after notice from NEER North of another potential adopter's interest. Foster has 2 weeks to decide, such adoption subject to approval by NEER North.
- NEER North or its agent may visit/examine the premises at any reasonable time, before and after placement, with or without prior notice.

I, \_\_\_\_\_, the undersigned, understand I am applying to foster an equine from NEER North. I agree that I have read and understand the foster terms and responsibilities, including those requiring financial, labor and time commitments. I agree to take the equine described to my facility on a temporary basis until a permanent suitable adoptive home is secured. In the event that I can no longer provide adequate care for the equine, or decide to end the foster agreement as provided herein, the equine will be returned to NEER North. I agree to give NEER North at least 60 days' notice of the intent/need to return the equine, and to return the equine to NEER North at a reasonable time convenient to both Foster and NEER North. The equine will remain the property of NEER North at all times. The equine will not be bred. In the event the equine is accidentally bred, any offspring are the property of NEER North. In the event of injury or damage by the equine during the foster period, NEER North is not liable and the foster assumes all liability for such. I agree that NEER North reserves the right to terminate this agreement at any time and arrange for immediate pickup of the horse. I understand that NEER North's goal is to place the equine in a permanent home and will work with NEER North and perspective adoptive homes in this regard.

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS FOSTER AGREEMENT.

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Signature	Printed Name	Date

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When completed, please return form to NEER North, 52 Ash Street, West Newbury MA 01985, or scan and email to [mary.martin@neernorth.org](mailto:mary.martin@neernorth.org). NEER North appreciates the contribution of all fosters and adopters and your willingness to help us save and protect horses from neglect, cruelty and slaughter.