

MOUNTAIN VALLEY
HORSE RESCUE



FOSTER CARE APPLICATION

Date: _____

Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

e-mail: _____ Home phone: _____

Work phone: _____ Cell phone: _____ Barn phone: _____

Which of the following are you able to foster? (Please circle all that apply.)

Mare Gelding Yearling Stallion Pony/Miniature Mule/Donkey

Do you have a barn? yes no How many stalls? _____ Do you have a pasture? Yes no

How many acres? _____ What type of fencing do you have? _____

How many horses are currently housed at your facility?

Mare(s) _____ Gelding(s) _____ Stallion(s) _____ Other (Please specify) _____

Most often when a horse has been abused and/or starved, they require special care and attention. Are you able to care for a starvation/abuse case? What experience do you have with this?

Do you have the facilities to quarantine a horse until a negative Coggins can be provided? yes no

Do you have the facilities to separate a starvation/abuse case from your own animals? yes no

Who is your veterinarian? _____ Phone: _____

Who is your farrier? _____ Phone: _____

Do you have access to a truck & trailer? yes no Would you transport an MVHR horse? yes no

How much notice to do you need to ready your facility for a foster home? _____

May we call you in emergency situations? yes no

Please tell us about yourself, your facility, and your experience in dealing with horses:

Please mail this form along with the signature page to: **MVHR, P.O. Box 1681, Eagle, CO 81631**