

HOPE IN THE VALLEY EQUINE RESCUE AND  
SANCTUARY, INC.

FOSTER CARE APPLICATION

Date \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_ e-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Barn phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

Mare      Gelding      Yearling      Stallion      Pony/Miniature      Donkey/Mule

Do you have a barn? \_\_\_\_\_ How many stalls? \_\_\_\_\_

Do you have a pasture? \_\_\_\_\_ 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 completely quarantine a horse until a negative Coggins can be provided?

Do you have the facilities to separate a starvation/abuse case from your own animals? \_\_\_\_\_

Who is your veterinarian? \_\_\_\_\_

May we contact your veterinarian for a reference? \_\_\_\_\_ Vet's phone: \_\_\_\_\_

Who is your farrier? \_\_\_\_\_

Do you have a truck and trailer? Are you willing to transport a HITVERAS horse? \_\_\_\_\_

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

May we call you in emergency situations? \_\_\_\_\_

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

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Please mail this form along with the signature page of the "Foster Care Terms & Agreement" (keeping the rest of the agreement for your records) to:

Ande Armstrong/Hope In The Valley Equine Rescue & Sanctuary, Inc.  
9025 N. Broadway  
Valley Center, KS 67147

If you have any questions, feel free to call Ande at (316) 519-4128 or e-mail Ande at [ande@hitveras.org](mailto:ande@hitveras.org).