



**Barn Address:** 6400 SW Martin Highway • Palm City, FL • 34990  
**Mailing Address:** P.O. Box 1199 • Palm City, FL • 34991  
 772-220-0150 • eraf2000@gmail.com  
 www.ERAF.org

**FOSTER APPLICATION**

Thank you for your interest in fostering a horse from the Equine Rescue and Adoption Foundation, Inc. (ERAF). Please complete this application and return it to ERAF for consideration.

Via email: BarnManager.eraf@gmail.com. Via mail: P.O. Box 1199, Palm City, FL 34991.

We appreciate your support!

Adopters/Caretakers and boarders must be 18 years or older and have no past, current or pending criminal charges or convictions or charges of violating any animal welfare regulations.

A parent or guardian must adopt an animal for a child under 18.

**PLEASE PRINT CLEARLY**

Applicant's Last Name:		First Name:		Middle Initial:
Street Address or P.O. Box: <i>(P.O. Box Address requires physical facility address on page 2)</i>			City:	State:
Home Phone: <i>(Include Area Code)</i>		Alternate Phone: <i>(Include Area Code)</i>		Email Address:

**QUESTION 1: PERSONAL HISTORY**

Have you fostered a horse in the past or currently fostering now? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe: Age \_\_\_\_\_ Breed \_\_\_\_\_ How many at one time \_\_\_\_\_

Have you any other animals in the past or currently fostering now? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe: \_\_\_\_\_ How many at one time \_\_\_\_\_

From what organization or individual? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Location(s) of fostered animal(s) \_\_\_\_\_

Do you own horses? Yes \_\_\_\_\_ How many \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe Name/Age/Attitude on a scale of 1-10 (*1 being easy going and 10 being dangerous*):

Location of owned horses \_\_\_\_\_

Please describe what experience you have handling, caring for, riding and training equines: \_\_\_\_\_

If you no longer own horse(s), why do you no longer own and what happen? \_\_\_\_\_

Have you ever been charged with or convicted of animal abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Please explain in detail and outcome \_\_\_\_\_

**QUESTION 2: HORSE PREFERENCE**

Gender: Mare \_\_\_\_\_ Gelding \_\_\_\_\_ No preference \_\_\_\_\_

Age Preference: 6-10 \_\_\_\_\_ 11 or older \_\_\_\_\_

Height Preference: Under 14.2(*Pony*) \_\_\_\_\_ Over 14.3(*Horse*) \_\_\_\_\_ No preference \_\_\_\_\_

Health Issues: Yes \_\_\_\_\_ No \_\_\_\_\_

Legally Seized: Yes \_\_\_\_\_ No \_\_\_\_\_ (Court may award horse back to owner)

Is there a horse(s) on ERAF property that applicant is interested in fostering, please list:

How long do you wish to foster? \_\_\_\_\_

**QUESTION 3: PROPERTY / FACILITY**

Will your fostered horse(s) be located on your own property? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, fill out the following.

Owner of Property \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

How many horse(s) are currently kept on property? Owned \_\_\_\_\_ Fostered \_\_\_\_\_ Boarded \_\_\_\_\_

Are there stallions on property and are they kept separate from other horses? Yes \_\_\_\_\_ No \_\_\_\_\_

**Shelter**

Will horse(s) have shelter in pasture? Yes \_\_\_\_\_ No \_\_\_\_\_ Approximate Size \_\_\_\_\_

What type? \_\_\_\_\_

Materials used to construct shelter (wood, metal, other): \_\_\_\_\_

Is there a barn? Yes \_\_\_\_\_ No \_\_\_\_\_ How many stalls \_\_\_\_\_ Size of each stall \_\_\_\_\_

How many stalls are currently occupied? \_\_\_\_\_

Materials used to construct barn (wood, metal, other): \_\_\_\_\_

Lighting in barn? Yes \_\_\_\_\_ No \_\_\_\_\_ Fire extinguishers in barn? Yes \_\_\_\_\_ No \_\_\_\_\_

Is barn in good repair? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, please explain: \_\_\_\_\_

How often are horses kept in barn? \_\_\_\_\_

Generally how long each time? \_\_\_\_\_

What type of flooring is used in the stalls? \_\_\_\_\_

How often are stalls and water cleaned? \_\_\_\_\_

**Fencing**

Type of fencing used on property where horses located \_\_\_\_\_

How high is fencing? \_\_\_\_\_ Is fencing in good repair? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, please explain:

Is there barbed wire located in any area where horses will be located? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain: \_\_\_\_\_

Is there barbed wire at any other location on property? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain: \_\_\_\_\_

**Pasture**

Is there grass pasture and/or paddock turn out? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, number of pastures: \_\_\_\_\_

Size \_\_\_\_\_ number of paddocks \_\_\_\_\_ Size \_\_\_\_\_

If No, please explain \_\_\_\_\_

Is there any debris in or around pasture(s) or paddocks (metal, trash, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, list type of debris: \_\_\_\_\_

How often are pastures cleaned (manure and other applicable items)? \_\_\_\_\_

Will foster horse(s) be turned out alone or with other horses? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, please explain: \_\_\_\_\_

**Feed**

How often will horse(s) be fed hay? \_\_\_\_\_

Type of hay \_\_\_\_\_ Amount fed per day per horse \_\_\_\_\_

How is hay fed to horse(s)? Nibble Net \_\_\_\_\_ Ground \_\_\_\_\_ Other: \_\_\_\_\_ If Other, please describe: \_\_\_\_\_

How is hay stored? \_\_\_\_\_

Are horses fed separately or as a group? \_\_\_\_\_

What type of feed will be used? \_\_\_\_\_

How often is feed fed? \_\_\_\_\_

How is feed stored? \_\_\_\_\_

Is feed and hay clean and safe for horses? \_\_\_\_\_

Does each horse have its own grain bucket? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you feed supplements? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, list types: \_\_\_\_\_

If a horse(s) is in need of special dietary needs are you willing to meet them? Yes \_\_\_\_\_ No \_\_\_\_\_

If a horse(s) is in need of special medication are you willing to provide it? Yes \_\_\_\_\_ No \_\_\_\_\_

### **Water**

Water is your water source? Well \_\_\_\_\_ City Water \_\_\_\_\_ Other \_\_\_\_\_ If other, please describe:

If well, is it water treated? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, type of treatment: \_\_\_\_\_

\_\_\_\_\_ and

How often is system cleaned? \_\_\_\_\_

Automatic Waterers Yes \_\_\_\_\_ No \_\_\_\_\_

Is there sufficient water source to provide daily water needs of all horses? Yes \_\_\_\_\_ No \_\_\_\_\_

### **Horse Care**

How often will horse be groomed? \_\_\_\_\_

How often will horse be seen by farrier? \_\_\_\_\_

Will you keep horses in shoes if required? \_\_\_\_\_

How often will horse be wormed? \_\_\_\_\_

Please explain your worming program: \_\_\_\_\_

Do you treat horses for sand ingestion? Yes \_\_\_\_\_ No \_\_\_\_\_

How do you minimize sand ingestion at your farm? \_\_\_\_\_

**Transportation Details**

Trailer type: Stock \_\_\_\_\_ Slant Load \_\_\_\_\_ Straight Load \_\_\_\_\_ Full Height \_\_\_\_\_ Other: \_\_\_\_\_

Brand Name/Manufacturer Year (if known) \_\_\_\_\_

Is the trailer in good repair, ESPECIALLY tires and flooring? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you wish to inquire about ERAF transporting your foster horse? Yes \_\_\_\_\_ No \_\_\_\_\_

**QUESTION 4: MEDICAL INFORMATION**

If you have owned a horse past or present, please fill out the following. If not, disregard.

Veterinarian:

Vet Office \_\_\_\_\_ Vet Name \_\_\_\_\_

Office # \_\_\_\_\_ Cell # \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Farrier:

Farrier Name \_\_\_\_\_

Office # \_\_\_\_\_ Cell # \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Equine Dentist:

Dentist Office \_\_\_\_\_ Dentist Name \_\_\_\_\_

Office # \_\_\_\_\_ Cell # \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

**Please Provide Personal References:**

#1 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

#2 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

#3 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

## **Required Photos**

Photos must accompany this application. If we have further questions we will schedule a pre-foster inspection. The photos required are as follows:

Property Entrance	Barn (inside and outside)	Stalls (inside and outside)
Shelters (man-made or natural)	Fencing (posts and type of fencing must be visible)	
Feed Storage Area	Hay Storage Area	
Other equines of property	All other animals in contact or proximity to horses	

## **APPLICANT ACKNOWLEDGMENTS**

I, the undersigned, acknowledge that I am applying to equines from Equine Rescue and Adoption Foundation. I must complete the application process and my home (or boarding facility) must be approved before being allowed to foster any equine from Equine Rescue and Adoption Foundation. I understand that I may not be able to foster the equine I want for various reasons.

I agree and understand that Equine Rescue and Adoption Foundation reserves the right to request a background check, including criminal records to verify personal information.

By signing this foster home application, I agree that I have read and understand the fostering policies of Equine Rescue and Adoption Foundation and furthermore, I agree that after submission of the fully completed foster application it will be reviewed and must be approved by the Barn Manager and an Officer of Equine Rescue and Adoption Foundation before I am permitted to foster an equine.

I acknowledge that I am responsible for daily care of the equine(s) I foster, including (but not limited to) cost of grain, hay, shavings (if needed), and other costs incurred in routine care of the equine. Equine Rescue and Adoption Foundation will be responsible for Veterinarian care of the equine(s) in accordance with the Veterinary Procedures Policy, unless injury to the equine is caused by my neglect, actions of failure to take actions. Equine Rescue and Adoption Foundation will reimburse for corrective farrier work, supplements, and/or medications if pre-approved by the Foster Home Coordinator.

If at any time I am unable to take care of a fostered equine, upon reasonable and sufficient notice, I will return the equine to Equine Rescue and Adoption Foundation. If the fostered equine dies, I will contact Equine Rescue and Adoption Foundation to notify the Barn Manager immediately with the event and reasons. I understand that I may never use any fostered equine for breeding purposes for any reason.

By signing this application, I agree not to hold Equine Rescue and Adoption Foundation liable in the event of injury, death, or damage to any human, animal or property as a result of activities or actions of the equine I foster.

In addition, I, the undersigned, have read and understand the following **warning**:

**Florida Statute Chapter 773** states: ... An equine activity sponsor, an equine professional, or any other person, which shall include a corporation or partnership, shall not be liable for an injury to or the death of a participant resulting from the inherent risks of equine activities... no participant nor any participant's representative shall have any claim against or recover from any equine activity sponsor, equine professional, or any other person for injury, loss, damage, or death of the participant resulting from any of the inherent risks of equine activities.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**A non-profit 501 (c)3 organization.** Pursuant to the requirements of Florida Statute 496.111, the following information is provided: A copy of the official registration and financial information may be obtained from the Division of Consumer Services by calling 1-800-435-7352 within the State of Florida. Registration does not imply endorsement, approval or recommendation by the State of Florida. Our registration number with the FL Dept. of Agriculture is SC-12409. 100% of all contributions received goes to the Found

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*(Below is for official ERAF personnel use only)*

The above applicant is approved for fostering the following horse(s): \_\_\_\_\_

The above applicant is approved for the following:

Gender: Mare \_\_\_\_\_ Gelding \_\_\_\_\_

Age Preference: 6-10 yrs \_\_\_\_\_ 11 yrs or older Other \_\_\_\_\_

Not approved at this time for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Reference Notes:

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

Additional Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**ERAf Barn Manager Signature**

**Date** \_\_\_\_\_

\_\_\_\_\_

**ERAf Barn Manager Printed Name**