



Equine Rescue Program Foster Application

Applicant Information:

Name	
Address	
City, State, Zip	
Phone	
Alternate phone	
Email Address	

Please describe your background with horses.

Please describe any experience you have with equine rescue and rehabilitation.

Equine Home Information:

Property where equine will be kept

Address	
City, State, Zip	
Is property owned?	
Would you be agreeable to a farm inspection?	

Barn information

Is there a barn?	
If so, please give a general description.	
Does the barn have stalls?	
If so, please give the number and approximate size of stalls.	
Will the equine be kept in the barn?	
If yes, will the equine have their own stall?	
If so, how many hours per day will the equine be stalled?	
How many other equines are kept in the barn?	
Is the barn accessible from the pasture?	

Pasture shelter information

If the barn is not accessible from the pasture, does the pasture have adequate shelter?	
If so, please give a general description and size.	

Pasture information

How many acres are in pasture?	
How many pastures are on the property?	
Please list the size of the pasture(s) and how many equines are currently kept there.	
What material is the pasture(s) fenced with?	

Feed and water information

What type and brand of feed are used?	
How is the feed stored?	
How often are the equines fed?	
Are they fed separately?	
If group feeding, is it monitored?	
Is hay fed as well?	
What is the water source? (stock tank, buckets, pond, etc)	
How often are the water sources cleaned?	

Veterinarian Information:

Name	
Phone	
Address	

Farrier Information:

Name	
Phone	

Trainer/Coach Information: (if applicable)

Name	
Phone	
Address	

Miscellaneous Information:

Do you have (or have access to) a horse trailer?	
Can you provide the PAWS Equine Rescue Coordinator with digital photos and/or video of the foster horse if needed?	

Other Equines Owned or Cared for by the Applicant:

Please complete the following for each equine on the property. Attach a separate page if needed.

Name	
Age	
Breed	
Sex (mare/gelding/stallion)	
Date of last hoof trimming/shoeing	
Date of last de-worming and product used	
Date of last vaccinations and type of vaccines received	
Date of current Coggins test	

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Age	
Breed	
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Foster Agreement:

Please read and initial by each statement.

I understand that PAWS will provide reimbursement for all medical and farrier care of the foster horse or pony.	
I agree to care for this equine in a humane manner and be a responsible animal guardian. This includes supplying adequate food, water, shelter, and attention.	
I understand that PAWS of NE Louisiana makes no guarantees about the health or temperament of the equine and is not responsible for any damages or injuries caused by or to the animal.	
If I can no longer foster, I will contact PAWS immediately and give them a minimum 2 week notice to find another suitable foster home for the horse.	
I understand that completion of this application does not guarantee placement of the equine I am interested in fostering.	

I agree that all statements made on this form are true.

Signed	
Date	

Please email completed applications to PAWS Equine Rescue Director Jennifer Pesnell at jenpesnell@gmail.com or print and mail to PAWS of NE LA Attn: Equine Rescue P O Box 15432 Monroe, LA 71207.