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| **Animal Awareness & Assistance**P.O. Box 252, Sealston, Virginia 22547[www.AnimalAA.com](http://www.AnimalAA.com)**AnimalAwarenessAssistance@yahoo.com** |
| HORSE Foster Application |
| Name(Last, First, M.I.): |  |  | Date: |  |
| Marital status: | 🞎 Single 🞎 Partnered 🞎 Married 🞎 Separated 🞎 Divorced 🞎 Widowed |
| Street Address: |  | **City, State, Zip:** |
| Phone Number(s): |  | **E-mail:** |
|  |
| Where will horse reside? |  |
| ****Please describe the facility where the horse will be kept including fence type, # of acres, barn type, etc.****  |  |  |  |  |
|  |  |  |  |
| **Please describe your experience with horses.**  |  |
|  |  |
| ****How would you rate your riding ability? If foster horse needs to be ridden, are you willing and able?**** |  |
|  |  |
| Please provide the name, number and address of your current or past farrier that has cared for your animals:**May we contact your farrier?**🞎 No 🞎 Yes |
| **Farrier Name:** |  | **Phone:** |  |
| **Name(s) on the account:** |  |  |  |
|  |
| Please provide the name, number and address of your current or past veterinarian that has cared for your animals:**May we contact your vet?**🞎 No 🞎 Yes |
| **Veterinarian Name:** |  | **Phone:** |  |
| **Address:** |  |
| **Name(s) on the account:** |  |
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| Please provide the name and number of at least three references that we can call (friends, family, neighbors, pet sitters, etc.): |
| **Name:** |  | **Phone:** |  |
| **Name:** |  | **Phone:** |  |
| **Name:** |  | **Phone:** |  |
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\_\_\_\_\_\_I certify that I am at least 18 years of age and the information I have provided on this application is true. I also recognize that any misrepresentation or omissions may result in the loss of privilege to adopt from A-cubed.

\_\_\_\_\_\_I understand that A-cubed has the right to deny any application for any reason.

\_\_\_\_\_\_I understand that A-cubed is not able to guarantee the health or temperament of any horses, as many horses come in with unknown histories. These are traits that could change, and I take responsibility to care for and address these issues if they do arise.

\_\_\_\_\_\_I also understand that anything could happen in life, and if I find that I am no longer able to care a foster horse, I agree to contact A-cubed by phone and/or email to discuss return/or need for help of a foster horse. A-cubed will be here to address any concerns and/or issues you may be having with your foster horse.

\_\_\_\_\_\_I understand that the final step in approval for fostering will be a home/farm evaluation.

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| **Applicant’s Signature:** |  | **Date:** |  |

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| **Animal Awareness & Assistance Only** |
| **Approved to foster:** | 🞎No 🞎Yes | **Date Approved:** |  |
| **A-cubed representative:** |  |
| **A-cubed Signature:** |  |
| **A-cubed Officer Signature:** |  |