

Western Montana Equine Rescue & Rehabilitation Inc.

FOSTER CARE INFORMATION SHEET

I would be able to Foster: (please check all that apply)

_____ Standard Donkey

_____ Horse

_____ Mule

_____ Draft Horse

_____ Miniature Horse/Donkey

_____ Pony

I am qualified and willing to Foster an equine with special needs that fits into the following criteria: (Please check all that apply)

_____ Health Issues

_____ Special Feeding Plan

_____ foals to 2 yrs of age

_____ Cannot be ridden despite age

_____ Retired horse

_____ Mare in foal

_____ An equine seized by law enforcement and pending an outcome

_____ Serious hoof issues (laminitis/navicular etc.)

_____ A newly gelded stallion

_____ Quarantine

How many Fostered equines could you house on a regular basis? _____ In an emergency? _____

Would you consider inclusion in an emergency evacuation network list? In the event of an emergency (wild fire/natural disaster) you would be called upon to mobilize horses needed immediate rescue? _____(initial)

Signature

Date

Western Montana Equine Rescue & Rehabilitation Inc.

P.O. Box 1168, Corvallis, Montana 59828