



FOSTER CARE TERMS & AGREEMENT

Thank you for your interest in supporting and caring for a Willing Servants, Inc. horse. Please review the terms very carefully as it is our goal to make this a positive experience for you and the horse that will be under your care. If you have any questions, please contact Theresa Manzella at (406) 363-2898.

- 1) You agree to hold harmless Willing Servants, Inc, its Directors, Board Members or Volunteers, including any affiliate thereof, from and against all liability, causes of action, suits, demands, judgments and claims of any nature whatsoever arising from, by reason of, or in connection with said horse. _____ (initial)
- 2) You assume financial and physical responsibility for the care of the horse you are fostering. You are responsible for providing food, water, shelter and basic medical care and farrier services. _____ (initial)
- 3) You agree to set up routine farrier visits for trimming and/or shoeing needs. Please use a Willing Servants approved Farrier whenever possible as some have volunteered to donate or discount their time and services to us. _____ (initial)
- 4) You agree to allow Willing Servants Board Members and volunteers to set up scheduled visits for evaluation and training of the horse within a 72-hour window of contact and agreement. Liability waivers will be signed by all board members and volunteers before entering your property. _____ (initial)
- 5) Any expense incurred while fostering a Willing Servants horse may be tax deductible when paid for by you. Please talk to your accountant for confirmation. Our tax identification number will be given to you when foster horse is delivered. _____ (initial)
- 6) A Willing Servants Board Member must pre-approve any expenditure that you wish to be reimbursed for and request must be accompanied by detailed receipts. Mail all receipts
To: Willing Servants, Inc., P.O. Box 98, Hamilton, MT. 59840. _____ (initial)
- 7) In the case of an emergency, please contact one of the Board Members to inform Willing Servants of the situation and to discuss what action is to be taken. If you feel that the horse's life is at stake, call a veterinarian first and then call Willing Servants (contact numbers will be supplied when foster horse is delivered). _____ (initial)

*Willing Servants, Inc. • PO Box 98 • Hamilton, MT 59840 • (406) 363-2898
tntpaints@3riversdbs.net • www.willingservantsmt.org
Non-Profit 501(c)(3) Organization • Tax ID# 90-0423265*



- 8) If in an emergency you are unable to reach a Board Member, please work together with the veterinarian to make the appropriate decisions. However, Willing Servants will not be responsible for any unapproved emergency expenses incurred over \$500, and will require a veterinarian's recommendation. _____ (initial)
- 9) You agree to contact Willing Servants with any concerns and questions about the status of the foster horse. You will be given a list of contacts for appropriate concerns when foster horse is delivered to your home. _____ (initial)
- 10) If you are interested in adopting the horse that you have been fostering, you may have first option to do so. An adoption fee may or may not apply depending on the age, background, ability, training, etc. You as a Foster Care provider will receive special consideration. _____ (initial)
- 11) You agree to work with Willing Servants in placing your foster horse into its Willing Servants approved permanent home. This will include, but may not be limited to, talking with perspective adopters, showing the horse to perspective adopters, etc. _____ (initial)
- 12) Foster care providers must get verbal and/or written permission from a Willing Servants Board Member board before recategorize a horse from "rehab" to "sound for riding." Except for an emergency, please notify a WS Board Member before a horse is to be transported. _____ (initial)
- 13) If a situation arises in which your foster horse needs to be placed into a new foster home, please give Willing Servants as much notice as possible. As we are all volunteers, we are not always able to act immediately. Finding a new suitable foster home takes time. Willing Servants would like your fostering experience to be positive for both you and the horse. We welcome any suggestions and comments. _____ (initial)

Name of Applicant (please print) Date

Signature of Applicant Date

*Willing Servants, Inc. • PO Box 98 • Hamilton, MT 59840 • (406) 363-2898
tntpaints@3riversdbs.net • www.willingservantsmt.org
Non-Profit 501(c)(3) Organization • Tax ID# 90-0423265*



FOSTER CARE INFORMATION SHEET

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

- Average Donkey
- Average Horse
- Average Mule
- Draft Horse
- Draft Mule
- Miniature Donkey
- Miniature Horse
- Pony

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

- An equine with health problems
- An equine with training issues
- An equine that is too young to ride (5 months to 2 years old)
- An equine that cannot be ridden for any reason
- An older equine (25+ years old)
- An equine that is in foal
- An equine that was seized by law enforcement, while waiting a hearing (The owner may be awarded custody of the animal by a judge)
- An equine with serious hoof conditions (Founder, Laminitis, Navicular, etc.)
- A stallion or a newly gelded equine
- A horse requiring quarantine.

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

Would you like to be included in an emergency evacuation network list? In the event of a wild fire or natural disaster, you would be called upon to mobilize horses needing rescue immediately. _____(initial)

I have not owned horses in the past, but I am willing and committed to learning how to properly care and provide for horses and attend whatever classes are offered. _____(initial)

I have read the "Own Responsibility" handbook provided. _____(initial)

*Willing Servants, Inc. • PO Box 98 • Hamilton, MT 59840 • (406) 363-2898
tntpaints@3riversdbs.net • www.willingservantsmt.org
Non-Profit 501(c)(3) Organization • Tax ID# 90-0423265*



FOSTER CARE GENERAL APPLICATION

Please complete the following information and return to Willing Servants for consideration into our Foster Care Program.

Name _____ Phone _____

Physical Address _____ Cell _____

City _____ State _____ Zip Code _____ County _____

(Circle One) Do you **Rent** or **Own** your home? How many years at your present address? _____

If you Rent, please provide your Landlord's contact information:

Name _____

Address _____

City _____ State _____ Zip Code _____ County _____

May we contact your Landlord? **YES / NO** (Circle One)

Home _____ Work _____ Cell _____ Email _____

All Applicants must be over the age of 18. Are you over the age of 18? **YES / NO** (Circle One)

Have you ever been charged with or convicted of animal abuse and/or neglect? **YES / NO** (Circle One)

If **Yes**, please explain: _____

*Willing Servants, Inc. • PO Box 98 • Hamilton, MT 59840 • (406) 363-2898
tntpaints@3riversdbs.net • www.willingservantsmt.org
Non-Profit 501(c)(3) Organization • Tax ID# 90-0423265*



MEMBERSHIP INFORMATION

What Equine Clubs are you a member of? Include Breed Associations, Clubs, and other Animal Welfare organizations: _____

EQUINE RELATED INFORMATION

Do you currently own any equine? **YES / NO** (Circle One) If **Yes**, how many? _____

Please list a little about each horse: Name, Breed, Age, uses, temperament: _____

GENERAL HEALTH INFORMATION

Do you vaccinate your horses? **YES / NO** (Circle One) | If **Yes**, how often? _____

If **Yes**, please provide the date your horses were last vaccinated: _____

Types of vaccinations your equine(s) received:

Please give us the date you last de-wormed your equine(s): _____

Which de-worming product did you use? _____

How often do you de-worm your horses? _____

Do you have a trailer and tow vehicle for safe transport of your fostered horse? **YES / NO**

What is the year and size of your horse trailer? _____

*Willing Servants, Inc. • PO Box 98 • Hamilton, MT 59840 • (406) 363-2898
tntpaints@3riversdbs.net • www.willingservantsmt.org
Non-Profit 501(c)(3) Organization • Tax ID# 90-0423265*



Describe your experience with horses, handling, caring for horses, foaling, riding, training, showing:

Briefly describe your equine facilities: size of barn, size of stalls, size of pastures, fencing materials used, type of watering system, special provisions made for winter, availability of safe hitching posts, Round Corral, quarantine facility, etc.

Number of other equine that will be housed in the same pasture? _____

Can your foster horse be housed separately at first while being introduced? **YES / NO** (Circle One)

Briefly describe your equine management program. Number and times of feeding per day, feeding arrangements, i.e. separate tubs, group feeding, type of hay, preference of supplements.

Who will be feeding the Fostered equine? Print Name: _____

Does this person have experience with equines? **YES / NO** (Circle One)

FARRIER INFORMATION

Farrier's Name _____ Contact Number _____

How often do you plan to have a farrier trim and/or shoe the fostered equine? _____

If you do not own any equine(s), have you owned any in the past and if so how long did you own them for? _____

Within the last 5 years, have you given away or sold any equine(s)? **YES / NO** (Circle One) If Yes, please explain? _____

Within the last 5 years, have any equine(s) died while in your care? **YES / NO** (Circle One) If Yes, please explain? _____

*Willing Servants, Inc. • PO Box 98 • Hamilton, MT 59840 • (406) 363-2898
tntpaints@3riversdbs.net • www.willingservantsmt.org
Non-Profit 501(c)(3) Organization • Tax ID# 90-0423265*

