

Horse North Rescue

PO Box 76, Kingsley, MI 49649

231-645-4674

www.horsenorthrescue.org

Michigan 501C3 Non-Profit Corporation TAX ID #20-1890815

E-Mail: HorseNorthRescue@gmail.com

Application for Foster Care

Name:	
City, State, Zip:	
Telephone:	Alternate Phone:
E-Mail Address:	
Driver's License Number & State of Is	ssuance:
Have you or anyone in your household neglect?	ssuance:
<u> </u>	f equine is to be kept on your property:
Do you own your house?	How many acres do you have? What type of foreing do you have?
How many acres are fenced?	what type of fencing do you have?
	If equine is to be boarded:
Name of Stable or Boarding Facility	
Address of Boarding Facility	Phone Number
Contact person at the facility	Phone Number
	Please explain the extent of your experience and knowledge:
Why do you want to foster?	
I can foster: (Please mark by all that ap	only)
	A pregnant mare
	A mare & foal
A stallion	An emaciated horse (requiring 4-6 meals a day)
Multiple horses	An elderly horse
A mini	A horse needing a dry lot
A draft	A pony
A mule	A donkey
An unhandled equine	Other
I can provide for the equine: (Please n	nark by all that apply)
	An outdoor shelter
A paddock or pasture at least	100 feet from other equine (in cases of quarantine)
	Supplements
Hay	Minerals
Ground Training	Riding (for broke/rideable horses)

NOTE: HNR coordinates and provides the following services: Veterinary & Farrier visits

Requirements: We ask that you email or message us a monthly update and at least one body shot of the equine due the last day of every month so we can accurately keep any prospective adopters updated.

Recommended: HNR has a "Closed Group" Facebook page called HNR Core that we would like you to be able to view as we have our meeting minutes posted there as well as volunteer opportunities and meeting announcements.

All applicants must include 3 personal references, (We prefer horse owners but it is not a requirement). You must include how long you have known them, type of relationship (relative, friend, business, etc.), and their contact information.

1.	
1.	
2.	
3.	
Veterinarian Reference:	Contact Info:
Farrier Reference:	Contact Info:
Hay Provider Contact:	Contact Info:Contact Info:
	d is true and accurate to the best of my ability. the terms of this arrangement and that I am over 18 years of age.
Signature of applicant	Signature of applicant
	For Office use only
Inspection completed by:	Date
Driver's License matches applicant: Y / N	

All information must be completed to consider the application ready for processing.