

LINN COUNTY ANIMAL RESCUE

A Non Profit Equine Rescue Organization

PO BOX 2669 LEBANON, OREGON 97355 541-258-3422

<http://LCARhorse.org> LinnCountyAnimalRescue@yahoo.com

EQUINE FOSTER APPLICATION

In Association with the Linn County Sheriff's Office Livestock Abuse Investigation Team

"Speaking for those who can't"

Date: _____ Name: _____

ODL: _____ Date of Birth: _____ (Must be 18 years old)

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above): _____

How long at this address: _____ Own or Rent? (circle one)

Home Phone: _____ Work: _____ Ext: _____

Cell Phone: _____ Email: _____

How many acres: _____ Type of Fencing: _____

Type of Shelter: _____

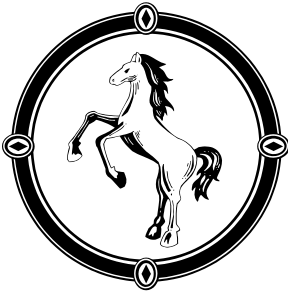
Type of equine you want to foster:

_____ Horse _____ Pony _____ Miniature

_____ Donkey _____ Draft _____ Mule

How many horses do you currently have on your property: _____

Please indicate how many of each sex: M _____ G _____ S _____



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Please list the livestock you currently have on your property:

Type of animal: _____ How Many? _____

Type of animal: _____ How Many? _____

Type of animal: _____ How Many? _____

Type of animal: _____ How Many? _____

Please list veterinarian:

Name: _____ Phone: _____

Address: _____

Please list farrier:

Name: _____ Phone: _____

Address: _____

Do you have any experience in the following area(s):

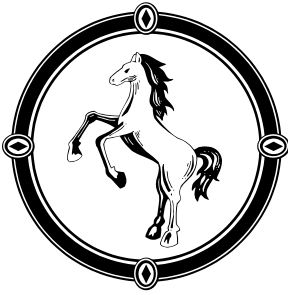
Handing: _____ How Much? _____

Taking care of injury or illness: _____ How Much? _____

Socializing an animal: _____ How Much? _____

Riding: _____ How Much? _____

Caring for an animal that is not rideable: _____ How Much? _____



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Please check the following issues you would be willing to consider in fostering a horse:

Health Problems: _____ Training Issues: _____ Pregnant Mare: _____

Too young to ride: _____ Hoof conditions: _____ Not ride able: _____

Older (needs special care): _____

If you have additional criteria for an equine you would like to foster, please list:

Additional Comments: _____

I understand that by filling out and signing this application, I am applying to foster an equine from the Linn County Animal Rescue. I know information provided in this application may be used to request a background check. There are certain necessary rules that go with the fostering of a rescue equine. I have read these restrictions and agree to them. This application does not guarantee I will be approved to foster an equine from Linn County Animal Rescue. I understand that Linn County Sheriff's Office or Linn County Animal Rescue (or associates) are not liable for any property, personal damage, wounds inflicted, and illnesses to or caused by the fostered horse(s) or any other occurrence. I agree to this hold harmless and accept all liability.

By signing this application, I am stating that all information provided is true and accurate. I understand that there may be consequences for falsifying information.

Signed: _____

Date: _____