



Windamere Horse Haven Association Incorporated

FOSTER CARE APPLICATION

| Date | Horse | Sex | Description |
|------|-------|-----|-------------|
|------|-------|-----|-------------|

IDENTIFICATION

| | |
|----------------------------|---|
| Name | Drivers Licence # (please attach copy) |
| Residential Address | |
| Mobile number | Home phone |
| Email Address | |

PROPERTY

| | |
|--|-----------------------|
| Address where horse would be kept | |
| Own / Rental / Agistment (circle) | |
| If rental or agistment, name & contact phone number of landlord/agister | |
| Property Acres | Fencing type |
| Shelter type | Water supply |
| Pasture | Hay supplied / needed |

Referees

| Name | Relationship | Phone |
|------|--------------|-------|
| | | |
| | | |
| | | |

Experience with horses**Reason for applying to foster a horse**

By my signature below, I authorise Windamere Horse Haven Assoc. Inc, to contact

- referees above to check the character of applicant and pet/horse history
 - the RSPCA for an RSPCA Clearance Check
 - landlord (if applicable) to check permission to keep horse/s
- and to conduct
- a property inspection.

I certify that the statements made on this application are true and accurate to the best of my knowledge. I understand that false statements by me may lead to the rejection of this application to foster a horse belonging to Windamere Horse Haven Assoc. Inc.

Signature:**Date:**