

**Equine Rescue League of Southern Indiana, Inc.
5318 Blue Ridge Rd
Charlestown, Indiana 47111**

Foster/Adoption Application

This application will be used in the process of adopting or fostering an equine. Any and all information submitted will be held in the strictest of confidence.

Applicant

Name: _____

Address: _____

Phone Number: _____ Email address: _____

Employer

Name: _____

Address: _____

Phone Number: _____ Email address: _____

Website Address: _____ How long with current employer? _____

Equine Veterinarian

Veterinarian Name: _____

Address: _____

Phone Number: _____ Email address: _____

Farrier

Farrier Name: _____

Address: _____

Phone Number: _____ Email address: _____

References

Please list three people not related to you for references:

#1. Name: _____

Address: _____

Phone Number: _____ Email address: _____

2. Name: _____

Address: _____

Phone Number: _____ Email address: _____

#3. Name: _____

Address: _____

Phone Number: _____ Email address: _____

Please answer the following questions .

Is the adopted equine going to be located on your premises or at a boarding facility?

If the adopted equine is going to be boarded we will need a reference from the boarding facility.

Name: _____

Address: _____

Phone Number: _____ Email address: _____

We will need 3 photos of the facilities the adopted equine will be housed in, turned out in, or worked in.

Do you have proper shelter for the equine? Please describe: _____

How much acreage is available to the equine? _____

Do you currently or have you ever owned an equine? _____

Describe what experience you have with equines? _____

If the adopted equine has special needs, do you have the resources to take care of the adopted equine?

Please describe: _____

What type of fencing will be used to house the equine? _____

Do you have experience with foals and or wild equines? _____

Why do you wish to adopt an equine? _____

Breed and sex preference or name of equine you wish to adopt:

By signing this document, you are attesting that all above information is true and correct to the best of your knowledge. If ERLSI discovers any of the above information to be inaccurate or false, this application will be null and void.

Printed name: _____

Signed: _____ Date: _____

Please send your original application to:

Equine Rescue League of Southern Indiana, Inc.

c/o Linda Leibson

7010 Dave Carr Rd

Charlestown, IN 47111

or

l.leibson@erlsi.org

For ERLSI Use Only

References checked by: _____

Notes: _____

Facilities checked by: _____

Notes: _____

Approved by: _____ Date: _____ Title: _____

Approved by: _____ Date: _____ Title: _____

Not approved: _____ Date: _____ Title: _____

Reason for rejection: _____

