

# Whispering Winds Equine Rescue

A Non Profit Organization

6161 Clarks Branch Rd, Roseburg, OR 97470

Phone: 541-679-9022

www.whisperingwindsequinerescue.com

## Adoption / Foster Data Sheet

Date of Application: \_\_\_\_\_

Adoption  Foster

### Tell Us About You

|  |  |
|--|--|
| Name   |  |
| Street Address (Must be a physical address; not a post office box)   |  |
| City, State, Zip   |  |
| County of Residence  |  |
| Home Phone   |  |
| Work Phone   |  |
| Cell Phone   |  |
| Email<br><input type="checkbox"/> Home <input type="checkbox"/> Work |  |
| Date of Birth  |  |

1. Where do you work? \_\_\_\_\_

2. What do you do there? \_\_\_\_\_

3. Why do you want to foster/adopt a horse? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Have you ever been convicted of a crime? \_\_\_\_\_

5. Have you ever been contacted by Animal Control? If yes please explain why. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Please provide three references:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Relationship to you \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Relationship to you \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Relationship to you \_\_\_\_\_

### ***What type of horse do you prefer?***

What type of horse are you specifically interested in?

|              |  |
|--------------|--|
| Age          |  |
| Gender       |  |
| Breed        |  |
| Size         |  |
| Intended Use |  |

***If you are planning to foster please answer the following questions.***

I can comfortably foster

- Babies       Geriatric       Hard to handle       Easy keepers only  
 Stallions       Special needs (e.g. medical care)       Wild/Untrained       Vices - INDICATE

My comfortable duration of foster care is

- 1 week       1 month       3 months       unlimited

The level of foster care I am comfortable providing is\*

- Hay       Worming       Supplements       First Aid  
 Grain       Vaccinations       Basic ground training       Mucking/grooming

***\*WVER pays for vet/farrier care for all fostered horses***

## ***What is your horse experience?***

1. Do you currently own a horse? \_\_\_\_ Yes /No \_\_\_\_ How many? \_\_\_\_\_

2. Please describe \_\_\_\_\_

3. Do you have other animals? What and how many? \_\_\_\_\_

4. Who will be the primary caretaker of the adopted/fostered horse? \_\_\_\_\_

5. Who will be the primary rider of the adopted/fostered horse? \_\_\_\_\_

6. Where will the horse be kept? \_\_\_\_\_

7. Briefly describe your level of expertise in the following areas (separate answers for caretaker and rider if different people):

Height of rider: \_\_\_\_\_ Weight of rider: \_\_\_\_\_

Riding: \_\_\_\_\_

Handling: \_\_\_\_\_

Training: \_\_\_\_\_

Working with unbroken horses:

8. If you share your home with animals now, who is your:

Veterinarian: \_\_\_\_\_

Phone: \_\_\_\_\_

Farrier: \_\_\_\_\_

Phone: \_\_\_\_\_

## Where do you plan to keep the horse?

1. Please answer the following if the horse will be kept at your home:

Do you own or rent your home: \_\_\_\_\_

If you rent, do you have your landlord's permission to keep a horse? \_\_\_\_\_

Landlord's name and phone number: \_\_\_\_\_

2. Are there any ordinances (city or county) that restrict the number, type, or size of animals you can have on your property? If so, what is the ordinance or code number? \_\_\_\_\_

3. Where will the horse be kept? \_\_\_\_\_

4. If the horse will be boarded, please describe the boarding/training facility

Trainer/Manager: \_\_\_\_\_ Home phone: \_\_\_\_\_

Facility phone: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

5. Please indicate when it would be convenient for us to do a property/barn inspection: \_\_\_\_\_

### Shelter Available (check all applicable)

- None  Open pasture  Turn-out isolated  
 Box stall # \_\_\_\_\_  Pasture with run-in shed  Turn-out in herd

### Acreage Available (check all applicable)

Total Acreage: \_\_\_\_\_ Number of Acres in Pasture \_\_\_\_\_ Number of horses currently owned or boarded by you \_\_\_\_\_

### Fencing

- Mesh  Single Strand Hot Wire  New Zealand  Board or Round pole

I am 18 or over \_\_\_\_\_  
*Signature*

I am under 18 and have my parent/guardian's consent \_\_\_\_\_  
*Signature*

|                              |                     |
|------------------------------|---------------------|
| Received by WWER             |                     |
| By: _____                    | Date: _____         |
| Assigned to: _____           | Date: _____         |
| Approved: _____ Yes _____ No |                     |
| Horse's Name: _____          | Amt Received: _____ |