

United States Equine Sanctuary & Rescue
Foster Care Provider
Non-member
Registration

I, _____ am applying to become an approved Foster Care Provider for the United States Equine Sanctuary & Rescue. I understand that all equine, which I foster, shall remain the sole property of the United States Equine Sanctuary & Rescue until such a time as they are legally adopted by myself or someone else.

My personal information, for identification verification purposes is as follows:

**The initials "FCP" shall hereby refer to "Foster Care Provider".

FCP Full Legal Name: _____

Name most people call you: _____

Current Address: _____

Length of Tim at this Address: _____

Previous Address (if at present address less than 5 years) _____

Do you (circle one) Own? Rent? Live with relatives?

Do you live in a (circle one) House? Apartment? Condo? Mobile Home? RV? Other?

Your e-mail address & website address (URL): _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Place of Employment: _____

Length of time at current job: _____

Yearly (annual) Income Range (please count only the income that will be used to care for the foster equine; for example: if you and your spouse do not mix your income) (circle one):

\$5,000.- \$15,000. \$15,001. - \$30,000. \$30,001. - \$50,000. \$50,001 - \$80,000.

\$80,001. - \$120,000. Over \$120,000.

Are you married or single? _____

If married, what is your spouse's full name? _____

Where does your spouse work? (name of employer, city of employment)

Please describe the conditions you plan to keep your fostered equine in by answering the following questions:

Where will you be keeping your fostered equine? (circle one) Boarding Facility

Your Home At a friend's home At a relative's home On land you lease

Other: _____

Do you own a truck that can pull a horse trailer? If yes, what kind of truck do you own (or are buying)?

Make: _____ Model: _____ License Number: _____

Do you own a horse trailer? If yes, please describe it:

Please tell us about all of the animals you currently own or are fostering:

Total Number of Animals Owned/Fostered (not including USESR equine): _____

Breakdown of species, by number. Include livestock, poultry, house pets, exotics, etc.

Personal References.

Please give us the name, address, and phone number of three relatives.

#1: _____

#2: _____

#3: _____

Please give us the name of your immediate supervisor, if you are employed:

Please give us the name, address, and phone number of three people who are not related to you. These can be neighbors, co-workers, or friends. They must be people who have been to your home and can attest to how well you treat your animals.

#1: _____

#2: _____

#3: _____

This completes the registration process. You will be notified when we receive your application, as we will contact you to arrange a Site Inspection. If you have not received a response to this registration within 7 days, please contact USESR Headquarters at 877-720-1685 or e-mail headquarters@usesr.org. Registration does not take the place of a Foster Care Contract.

Print this application & mail to: (no money is required; you need not be a dues-paying member to foster)

USESR

P.O. Box 565, Bridgeport, TX 76426

Registration must be accompanied by a copy of FCP's current drivers license or state-issued I.D. card, proof of income (copy of current payroll check, copy of income tax returns with sensitive information blacked out, etc.), and a copy of a recent utility bill to provide proof of residency.

Toll Free: 877-720-1685

www.usesr.org

www.myspace.com/usesr_horse_rescue

headquarters@usesr.org

