

**SKAGIT ANIMALS IN NEED**

**SAIN prevents and responds to animal cruelty and neglect in support of animal control and law enforcement.**

**Foster Application**

Please provide us with the requested information below:

1. Personal Information:

Name:

Address:

Phone Number 1:

Phone Number 2:

Email:

Emergency Contact Person:

Emergency Contact Phone:

2. What type(s) of animals are you interested in fostering? (Please Check)

|  |  |  |
| --- | --- | --- |
| Horses:  Mares Stallions Geldings Young Horses Ponies/Miniature Horses Mules/Donkeys |  | Other Animals: Cattle Goats Sheep Llamas/Alpacas Poultry Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

3. Do you own or rent?

4. Do you have or are you able to obtain equine liability insurance?

5. Total pasture acreage:

6. Type of shelter:

7. Type of fencing:

8. Are you able and willing to quarantine foster animals?

9. Are you able to house foster animals separately if needed?

10. How did you hear about SAIN?

11. Are you currently a volunteer with SAIN? If yes, how long?

12. Are you able to provide transport for hay and grain for your foster animal?

13. Are you able to provide transport for your foster animal?

14. What type of trailer do you currently use?

15. Please describe your experience with equines/farm animals, including any

training experience:

16. Do you currently own any horses or farm animals?

If so, please list all breeds, sex, and number of each:

17. What level of care are you able to provide:

\_\_\_\_ Basic: Feed as directed, water, and clean up daily

\_\_\_\_ Moderate: All basic care plus 1-2 hrs. per week for grooming, etc.

\_\_\_\_ Abundant: All basic care plus 5-7 hrs. per week for grooming, training, etc.

\_\_\_\_ Other (please specify)

Upon approval into SAIN’s Foster Program, I agree to abide by all policies pertaining to the program and uphold my responsibilities to SAIN and the foster animals in my care at all times. I certify that the information is true and accurate to the best of my knowledge. I understand that providing false information can lead to removal from the SAIN Program. I agree to allow any member of the Board of Directors or its designee(s) access to the facility where my foster animal(s) are kept at any time. If care is found to be lacking, I understand that the animals may be immediately removed from the location. I further understand that I will be permanently dropped from the foster program and prevented from future association with and adoption privileges from SAIN.

Please sign that you have read and understand the above statement:

 Date: Liability Statement –

All Foster homes are responsible for all liability when the foster animal is in

their care. Do you understand this statement? Please Initial:

I, my agents, successors, and/or assigns agree to take responsibility for all damages during the care of this animal, fully releasing Skagit Animals in Need of all liability while such animal is in my care. I understand fully what my responsibility is legally. At any time that I desire to end this foster agreement, I will return the foster animal to SAIN. The animal will be in the same or better condition upon return to SAIN.

Signed in agreement and understanding of all statements made within this application:

 Date: