

Building A Bond Between Species (B.A.B.B.S.)

Safe Landing Foster or Lifetime Care Lease Application (Equine)

Applicant Information

I am applying to (please circle your choice): FOSTER LIFETIME CARE LEASE

Name (first, middle, last):

Address: City, State & Zip: County:

Home Phone No: () Work Phone No:() Cell Phone No: ()

Email Address: (print clearly)

Check here if you are interested in receiving our Newsletter.

Annual Household Income: \$

Current Employer:

Employer's Address: City, State & Zip:

Work Phone No: () Contact Person: Years with this Employer:

Alternate Contact Information (must be a family member NOT living in the same household)

Name (first, middle, last):

Address: City, State & Zip: County:

Home Phone No: () Work Phone No: () Cell Phone No: ()

Email Address: (print clearly)

Equine Property Location

If the equine will be kept someplace other than the address listed above, please provide the name of the property owner or facility, address, phone number and contact person:

Property Owner/Facility Name:

Address: City, State & Zip:

Phone No: () Contact Person:

Required Reference Information

Equine Veterinarian's Name:

Address: City, State & Zip:

Phone No: () Name Used or File No:

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Indicate if you are currently using this veterinarian or if this will be a new veterinarian: circle one Current New

Equine Professional Reference's Name: _____

Address: _____ City, State & Zip: _____ County: _____

Phone No: (____) _____ Name Used or File No: _____

Indicate the Profession: farrier, trainer, riding instructor, breeder, vet, etc... _____

Personal Reference (not related, must have known at least 5 years)

Name (first, middle, last): _____

Address: _____ City, State & Zip: _____ County: _____

Home Phone No: (____) _____ Work Phone No: (____) _____ Cell Phone No: (____) _____

Email Address: (print clearly) _____

Personal Reference (family member)

Name (first, middle, last): _____

Address: _____ City, State & Zip: _____ County: _____

Home Phone No: (____) _____ Work Phone No: (____) _____ Cell Phone No: (____) _____

Email Address: (print clearly) _____

Personal Reference (family member, friend or co-worker)

Name (first, middle, last): _____

Address: _____ City, State & Zip: _____ County: _____

Home Phone No: (____) _____ Work Phone No: (____) _____ Cell Phone No: (____) _____

Email Address: (print clearly) _____

Equine Information

Equine(s) In Which You Are Interested. List equine names in order of preference:

- 1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

What do you plan on using this equine for? _____

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How much time per week do you plan on spending with the equine? _____

If the equine is rideable, how often each week and for what duration do you plan on riding? _____

If you will be using the equine for riding, please list the names, ages, height and weight of each person that will be riding: _____

Current Equine Information

How many equines do you currently own? _____

Date of last vaccination(s) for each equine: _____

Vaccinations received: _____

Date the equine(s) were last dewormed? _____

What product was used? _____

Date of last negative Coggins test. Please list date for each equine: _____

Equine Experience

If you currently do not have any equines, have you previously owned any equines? If so, for how long? _____

In the past five years, have you given away or sold any equines? Please explain: _____

In the past five years, have you had any equines die while in your care? Please explain: _____

Describe your experience with handling, caring for, riding, and/or training equines: _____

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Who will be feeding the equine(s)? _____

How often do you plan on feeding the equine(s)? _____

How often do you plan on having a farrier trim or shoe the equine(s)? _____

How often do you plan on worming the equine(s)? _____

How often to you plan on having a veterinarian visit the equine(s)? _____

Will the equine(s) be kept in a barn or pasture? _____

If the equine(s) will be in a barn, what size are the stalls? _____

If the equine(s) will be in a barn, how often and how many hours will they be turned out? _____

If the equine(s) will be kept in a pasture, what size is the paddock/pasture? _____

How many other equines are in the paddock/pasture? _____

Type and size of shelter in the paddock/pasture: _____

Type of fencing surrounding the paddock/pasture: _____

Describe any debris in the paddock/pasture such as limbs, metal, glass, trash, etc...: _____

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Do you have plans to remove said debris? _____

If not please explain: _____

Confidentiality Statement

I, the undersigned, understand that certain information pertaining to Building A Bond Between Species (BABBS) may be confidential in nature and that I am to use discretion in discussing policies, current cases and other related issues with non-volunteers. I also understand that it is my privilege to be party to certain email lists and that no email messages that I receive from these lists may be forwarded to anyone not belonging to that list without first obtaining permission from a member of the Board of Directors. I have read, understand, and agree to adhere to the statement outlined herein.

Acknowledgement

I, the undersigned, understand that I am applying for a Foster or Lifetime Care Lease of an equine through the Safe Landing Program from Building A Bond Between Species (herein after referred to as BABBS). I understand that I must complete the application procedure and have the equine property or boarding facility inspected and approved before being granted the Foster or Lifetime Care Lease of an equine from BABBS. I understand that, for various reasons, I may not be granted a Foster or Lifetime Care Lease for the equine in which I am interested. In addition, I understand and give my consent for BABBS to perform a background check to verify my personal information as well as check for any criminal convictions.

By signing this application, I agree that I have read and understand the Safe Landing Foster or Lifetime Care Lease Policy of BABBS. I understand that I must submit a complete application in accordance with the policies before being considered as a Foster or Lifetime Care Lease applicant. I understand that if I Foster or Lifetime Care Lease an equine from BABBS, I will be subject to follow up visits in accordance with the Safe Landing Foster or Lifetime Care Lease Follow Up Policy. I understand that, in accordance with the Safe Landing Foster or Lifetime Care Lease Policy, I may never sell, give away, lease out, send to slaughter, or dispose of in any other manner, the equine(s) I am granted through the Safe Landing Foster or Lifetime Care Lease program. I understand that I may never use the equine(s) for breeding purposes. I agree that BABBS is not liable in the event of injury, death or damage to any human, animal or property as a result of activities or

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actions of the equine(s) I am granted through the Safe Landing Foster or Lifetime Care Lease. I further agree to accept all responsibility for any action or lien resulting from any incident, directly or indirectly involving said equine(s), while in my care. Therefore, I agree and understand that neither BABBS, nor its employees or agents, will be liable for any damages or injury caused to me or any other person by the equine(s) once I receive delivery of the equine(s), including but not limited to damages or injuries caused by the fact that the equine(s) does not behave or perform in the manner I expected. Further, if any third party makes a claim against BABBS or any of its employees or agents as a result of any conduct of the equine(s) in my possession, I agree to indemnify and hold BABBS, its employees and agents, harmless from any such claim, including costs and attorney's fee resulting from such claim. Every effort has been made to disclose the history of each equine that becomes part of the BABBS family. Please remember that these are rescued equines and, in some circumstances, BABBS may have little or no knowledge of the equine's prior life or training. BABBS will disclose everything known about the equine, however BABBS cannot make any guarantees about an equine's temperament or training. I acknowledge that I have been advised of my right to pay for a Vet Check, by a veterinarian of my choosing, prior to taking possession of any equine.

Printed Name of Applicant(s) _____

Applicant signature (if under 18 years of age, parent must co-sign application) _____ Date _____

Applicant signature _____ Date _____

Have you ever been charged with or convicted of animal abuse? _____
If yes, please explain: _____

The following information is required for a criminal background check. All information will be protected as private and confidential:

Full Legal Name: _____ Date of Birth: ____/____/____

Drivers License or State ID #: _____ State of Issuance _____

***PLEASE NOTE:** Applications will be processed and property inspections conducted within 7-10 days of receipt of the completed application, which includes references, background checks and photographs of the property. Approval timing will depend on the applicants' expeditious return of these documents to Building A Bond Between Species' Safe Landing Program Volunteer Coach.