

Safe Stalls Application Form Rescue

The Safe Stalls Program is a nationwide network of horse industry professionals, horse rescue organizations, individual horse owners and enthusiasts, volunteers, and others offering in-kind, financial, and other resources to horses in need.

Safe Stalls partners may be able to assist immediately following a rescue with needs ranging from transporting rescued horses to temporary shelter to providing food or other interim services needed during the horses' transition from the temporary shelter to a foster or adoptive home.

The goal is to be able to call on caring and capable people in the area of the rescue, and to be able to move horses quickly from danger to safety, then provide necessary care until they can be rehomed.

To be considered for the Safe Stalls Program, please fill out the following information. The information will remain confidential and used only as part of The HSUS Safe Stalls Program.

Section 1: Contact Information

Name of Organization/Facility: _____

Rescue Physical Address: _____ City: _____ State: ____ Zip: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

County: _____ Fax: _____

Phone 1: _____ Phone 2: _____

Website: _____ E-mail: _____

Primary Contact Name: _____ Title: _____

Phone 1: _____ Phone 2: _____

Fax: _____ Email: _____

Section 2: Facility Information

Please check which description best fits your organization:

- Government Agency Private Organization Private Organization with Government Contract
- Breed-Specific Rescue Adopt Out Horses Use Fosters Other _____

Is the organization a registered 501(c)(3) non-profit? Yes No If yes, list Tax-Exempt ID #: _____

Briefly describe your facility:

Section 3: Animal Information

For what length of time would you be able to care for the horses? _____

Would you be able to help re-home horses that are placed in your care? Yes No

Will the organization consider taking animals with medical conditions? Yes No

If yes, please provide any exceptions to this policy.

Will the organization consider taking in animals with behavior problems? Yes No

If yes, please specify what behaviors are accepted and what sort of training or rehab is provided:

Are senior animals accepted? Yes No Comments: _____

Please list any additional restrictions: _____

Section 4: Animal Care

1. Feed

How often are the horses fed? _____ Times: _____

Please note all applicable types of feeding programs.

Hay Types: _____

Where is the hay kept? _____

Pasture Types: _____

2. Health/First-Aid

Vaccinations: Are the horses routinely vaccinated? Yes No

By whom? (caretaker/trainer/vet, etc.): _____

List the vaccines and times of year they are given: _____

Parasite Control (Wormers):

Are the horses routinely checked/treated for parasites? Yes No

Describe: _____

Dental: How often do the horses receive dental care? _____

Who is the vet/ equine dentist who performs dental work?

Name: _____ Phone: _____

3. Farrier

Name: _____ Phone: _____

How often does the farrier visit? _____

Section 6: Housing/Facility Information

Please check the boxes for all that apply and fill out the information below. Please note N/A for items which are not applicable:

1. Barns # of Horses Currently: _____

Stall Sizes: _____ Number of Useable Stalls: _____

2. Stalls # of Horses Currently: _____

Stall Sizes: _____ Number of Useable Stalls: _____

3. Pasture # of Horses Currently: _____

Sizes: _____ Type: (Dry lot, grass, etc.) _____

Number of horses maximum: _____

Describe how horses are grouped (age, gender, etc.): _____

Horses Are Fed: Hay Allowed to Graze Both

Describe: _____

Section 7: Community Relationships

Please list the veterinary clinic and veterinarian associated with the organization that we may contact for a reference:

Clinic name: _____

Veterinarian Name: _____

Phone: _____ Email: _____

Please list other shelters or animal welfare organizations your organization is currently working with that we may contact for a reference:

Organization: _____ Phone: _____

Contact Name: _____ Email: _____

Organization: _____ Phone: _____

Contact Name: _____ Email: _____

Organization: _____ Phone: _____

Contact Name: _____ Email: _____

I certify that the information given is complete and accurate to the best of my knowledge. I also acknowledge that acceptance into the Safe Stalls program does not imply endorsement. The terminology used to describe participating organizations does not infer any legal partnership or joint venture and neither The HSUS nor the Safe Stalls Program shall suggest or indicate that one exists or hold itself out in that fashion. I certify that I am authorized to sign this application on behalf of the aforementioned organization.

Signature: _____ Date: _____

Print Name: _____ Title: _____