



Wild for Life Foundation

19510 Van Buren Blvd, # F3236

(310) 439-9817

www.WildForLifeFoundation.org

C. Equine Information *(all fields must be completed. If non-applicable enter n/a)*

Have you ever been charged with or convicted of animal abuse? No _____ Yes _____

If yes, please explain _____

Will the equine(s) be located at a facility not owned by the applicant? No _____ Yes _____

If yes, type of agreement: Rent: _____ Lease: _____ Board: _____ Other: _____ Term: _____

Equine Facility: _____

Facility Address: _____

City, State, Zip: _____

Phone Number: _____ Contact Person: _____

Do you currently own any horses/equines? No _____ Yes _____ If Yes How Many _____

What was the date your equine(s) were last vaccinated? _____

What vaccinations did your equine(s) receive? _____

When were your equine(s) last wormed? _____

Do your equines have current Coggins? No _____ Yes _____ Date of Coggins _____

List 3 – 5 referrals including other rescue orgs that you work with/ name and contact: _____

Memberships, affiliations or accreditations of your organization: _____

D. EQUINE (S)

Tell us about your objectives as a Safe Haven Network Member: (attach another page if more space is needed)

Please mark next to each of the following types of equines you are interested in:

HORSE _____ BREED _____ PONY _____
DONKEY _____ MINIATURE (horse or Donkey) _____ Zebra-horse/ donkey hybrid _____



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Intake Information:

How many foals can you take? (orphaned foals: min two) _____

How many mares with a foal by their side can you take in: _____

How many pregnant mares can you take in: _____

Number of mares ___ geldings ___ or stallions ___ that can you take in
QT spaces available: _____

Intended use of equines:

Do you sell or lease horses? _____ If yes, indicate the purpose(s) for which
horses are sold and leased: _____

Type & size trailer/ transport #: _____

Number of your staff that can assist during transport: Pick up: _____

Arrival: _____ Hauling: _____

Do you have available resources to pay or provide for:

- Coggins yes / no
- Livestock Inspections/ Transport Approval yes / no
- Transportation yes / no
- Routine Veterinary medical care yes / no
- Vaccines yes / no
- De-wormer yes / no
- Micro-chipping yes / no
- QT facilities and staff yes / no
- Quality hay, feed and supplements yes / no
- Quality housing and shelter yes / no
- Farrier yes / no
- Dental Care as needed yes / no
- Professional Training yes / no
- Emergency Vet medical care yes / no
- Hospitalization yes / no
- Lifetime care for the equine(s) you're applying for yes / no

*If answered no to any of the above, please explain:



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Which specific equine(s) are you interested in? List your first 3 choices. (Attach separate page to include more information)

- 1.) _____
- 2.) _____
- 3.) _____

What plans do you have or other types of activities will you use these equines for?

How many hours each week do you plan on spending with the equine(s)? _____

For ride-able equines, how many days per week will you ride. _____

How long of a time each trip do you plan on riding? _____

Are you financially able to support a horse? YES NO

If adopting and your application is approved, will you be able to remit an adoption fee which may range from \$400 - \$1000? (All fees received from adoptions are used to assist other rescued equines in WFLF's program). YES / NO

Equines can live for 30 years or more. Are you prepared to make a lifetime commitment to each equine that you adopt? YES / NO. How would you retire the equine if he could no longer perform in his intended use?

The following questions will help determine the condition of the equine(s) you are able to foster. Please complete the following information. Feel free to insert any concerns or stipulations you have.

Would you be willing to take an equine with the following conditions?

Seized by law enforcement while awaiting a hearing (owner could be awarded the animal back by a judge)	NO		YES	
An equine that there is no background information on? This happens frequently with rescue horses	NO		YES	
A horse with training issues (if yes, please list your experience below)	NO		YES	
A horse with health issues?	NO		YES	
An older horse or senior horse	NO		YES	



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A horse that is too young to ride	NO		YES	
A stallion or newly gelded animal	NO		YES	
An equine that cannot be ridden for any reason	NO		YES	
A mare that is in foal (if yes, please indicate foaling experience)	NO		YES	
An equine with serious hoof problems such as founder (if yes please indicate your experience with treatment)	NO		YES	
An equine with arthritis, or Cushing's	NO		YES	
An equine with fly allergies	NO		YES	
Concerns:				

E. EXPERIENCE *(all fields must be completed. If non-applicable enter n/a)*

Please tell us about horses you currently own or have owned in the past (such as what type(s) of equine, how long you owned them, why you no longer own them, what you do/did with them, etc.)

If more space is needed, please state to see back of page and list further information there

Please describe what experience you have handling, caring for, riding, and training equines.

If you plan to adopt a OTTB which has only been trained for racing, please describe what experience you have handling, caring for, riding, and training OTTB horses.



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For how long will the equine be turned out each day?

Will the equine be provided with an equine companion? Yes No

If yes, how many? _____

Breeds: _____

Ages: _____

Number of Mares: ____ Number of Geldings: ____

What type of fencing encloses the pasture areas?

How large are the pasture areas?

Describe the shelter to be provided for horse

Do you have any Stallions or plan to have any Stallions on the property where the horse(s) will reside? Yes No

If yes and you are adopting a mare, what steps will be taken to insure that breeding will not occur?

For what reasons would you call a veterinarian?

How would you recognize symptoms of founder or laminitis?

What would you do if a horse foundered?



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How would you recognize symptoms of colic?

What would you do if your horse showed signs of colic?

Will the horse reside onsite where you reside? Yes No

If no, please complete provide the following information on where the horse would reside:

Name of Facility: _____

Name of Onsite Manager, Telephone Number and Email: _____

Name of Veterinarian Name, Telephone Number and Email: _____

Farrier Name, Telephone Number and Email: _____

I. Facilities

A. EQUINE PRACTICES AND MANAGEMENT: (To be completed person responsible for care and custody)

(Attach additional page(s) for answers to questions in this section)

1. Describe your overall horse health care plan and how you assess and monitor the health of your horses on an ongoing basis. Include a description of your vaccination and worming schedule. Include a description of your health/veterinary care plan for at-risk animals, orphan foals, and horses with serious issues. Also include your urgent care protocol and describe the circumstances and steps you take when professional veterinary care is required.
2. Describe your housing plan and the turnout process/plan for horses who are kept in stalls overnight:
3. Describe your feed, feed management plan and your guidelines for the use of supplements:
4. How do you use the Henneke Body Conditioning Score to guide you in your feeding/exercising/use practices for each horse?
5. Please describe your activities to limit or control the advent and spread of disease within your facility (Biosecurity plan). This should include but is not limited to your manure management and disposal procedures, your carcass disposal plan and your parasite control plan. Please indicate the role of your veterinarian in the development and implementation of your overall plan. Include your treatment plan and quarantine system for when equine infectious diseases may affect horses under your care:



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6. Please describe your emergency preparedness plans that address weather related issues, fire safety procedures and/or any additional hazardous scenarios your facility could potentially experience:
7. Please describe the security in place at the facility to restrict public access and to keep horses safe. Do you have a security system and/or on-premises caretaker?
8. What is the euthanasia policy?
9. What is the breeding policy? Are there any exceptions to your policy?
10. What is the minimum amount of time that mares and newborn foals are kept together?
11. Provide any additional explanation to your answers if needed:

B. FACILITY HORSE-RELATED INFORMATION

1. Enter the total number of horses at above named facility:
2. Enter the maximum capacity of horses at this facility:
3. Enter the total acreage dedicated specifically to the horses:
4. Describe the number and type of pastures and paddocks, fencing, enclosures, stabling including barns and run-in sheds.
5. Describe how you manage the use of your pastures/paddocks given the size and number of your pastures/paddocks and the number of horses you have at this facility?
6. Describe the area where your training, riding and equine related activities are conducted, including what type of footing/surface is utilized and what factors were considered to determine the suitability and condition of the area for the activities conducted.
7. Is the facility in compliance with the Care Guidelines for Rescue and Retirement Facilities prepared by the American Association of Equine Practitioners?
8. If no, please explain and specifically describe the areas in which the facility is not compliant.
9. If this facility is recognized as compliant with the published standards of another applicable organization, and/or accredited by another applicable organization, please provide the details.
10. Describe the availability/accessibility of emergency horse transportation at this facility.
11. Provide the contact information for the individual or organization responsible for investigating abuse in the county where the facility is located, including mailing address, email address, and phone information.

C. FACILITY SELF ASSESSMENT

All applicants are required to complete the following self assessment. An on-site visit may also be scheduled. During the site visit, information will be collected in three general areas: 1) the general well-being, safety and behavior of the horses at the facility; 2) the general perception of the operational activities and work-flow of the facility and 3) the consistency of the information on the application related to the appearance of the day-to-day efforts of the facility.

I. Facility & Grounds

A. Operational

1. Signage: Are rules, restrictions and warnings posted in or near appropriate areas?
 All of the time Most of the time Half of the time Some of the time Not at All
2. Lighting: Is adequate lighting provided to insure safety in all areas of facility?
 All of the time Most of the time Half of the time Some of the time Not at All
3. Emergency Contacts: Are emergency contacts posted by each phone?
 All of the time Most of the time Half of the time Some of the time Not at All
4. First Aid Kits: Are human and equine first aid kits up-to-date and easily accessible?
 All of the time Most of the time Half of the time Some of the time Not at All

B. Structural

1. Condition of surface: Are horses provided a clean, dry area on which to stand & lay?
 All of the time Most of the time Half of the time Some of the time Not at All



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2. Flooring - drainage & traction: Are floors constructed and maintained for both good drainage and traction?
 All of the time Most of the time Half of the time Some of the time Not at All
3. Ventilation for enclosed shelters: Is there adequate ventilation and circulation to control temperature and prevent buildup of toxic gases?
 All of the time Most of the time Half of the time Some of the time Not at All
4. Electrical wiring condition: Is wiring inaccessible to horses and maintained for safety?
 All of the time Most of the time Half of the time Some of the time Not at All
5. Fire Prevention & protective measures: Are fire prevention and protection measures including fire alarms, extinguishers and sprinkler systems, maintained and in good working order?
 All of the time Most of the time Half of the time Some of the time Not at All
6. Quarantine/Isolation: Is there a designated and separate area for isolation and quarantine? Yes or No
7. Ill/injured containment: If horses live outside, is there a designated and separate area (stall or enclosure) to house ill/injured horses? Yes or No
8. Are the horses housed in stalls/enclosures? All of the time Most of the time Half of the time Some of the time Not at All
- 8-a. If yes, Stall/enclosure size: Do structures allow horses to lie down, stand up and turn around?
 All Most Half Some None
- 8-b. If yes, Stall/enclosure cleanliness: How often are stalls/enclosures cleaned? 6-7 Days a Week 4-5 Days a Week 2-3 Days a Week Weekly Less often than Weekly
- 8-c. If yes, Adequate ceiling & beam height: Is there a minimum of 12" above the tip of the horse's ear when standing?
 All of the time Most of the time Half of the time Some of the time Not at All

C. Paddocks/Yard/Pastures/Turnout

1. Turnout/Exercise Space & opportunity: Is there space and opportunity for horses to exercise or be turned out?
 All of the time Most of the time Half of the time Some of the time Not at All
If you answered "Not at All" to the above question (C-1), proceed to Section II.
2. Fencing - type, height, safety: Are these spaces appropriately fenced? Brand new fencing installed on ranch
 All Most Half Some None
3. Use of electric wire or tape fence: Are electric wires or tape fence visibly marked?
 All Most Half Some None
4. Condition of fences & gates: Are fences and gates functioning properly by being maintained and repaired when needed?
 All Most Half Some None
5. Condition of paddock/yard: Are these spaces free from equipment and debris?
 All Most Half Some None
6. Availability of shelter: Are natural or man-made shelters available to horses for protections from elements?
 All of the time Most of the time Half of the time Some of the time Not at All
7. Cleanliness: How often are these spaces cleaned?
 Daily or 6 Days a Week 4-5 Days a Week 2-3 Days a Week Weekly Less often than Weekly

II. Horse Care

1. Hoof Care: How often is hoof care provided for each horse?
 Every 1-2 months Every 3 months Twice a year Annually Not at All or when issue arises
2. Dental Care: How often is dental care provided for each horse?
 Annually Every two years Not at All or when issue arises.
3. Physical Examinations: How often is each horse given a physical exam by a veterinarian?
 Annually Every two years Not at All or when issue arises.
4. Horse checks: How often are horses visually and physically checked by personnel at the facility?
 Daily or 6 Days a Week 4-5 Days a Week 2-3 Days a Week Weekly Less often than Weekly
5. Food & Water Storage: Are all hay, feed, grain and water sources clean, free of debris and chemicals, and protected from weather and other animals?
 All of the time Most of the time Half of the time Some of the time Not at All



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6. Drinking water: How often do horses have access to clean drinking water?
[] All of the time [] Most of the time [] Half of the time [] Some of the time [] Not at All

VII. Required Documents

In addition to the above, please also submit the following in conjunction with this form:

- 1. Completed Veterinary Check Form
- 2. Signed WFLF Standards of Equine Care

Note: The Veterinary Checklist must be completed by the veterinarian.

G. REFERENCE INFORMATION: *(all fields must be completed. If non-applicable enter n/a)*

The required references are: Veterinarian, Equine Professional (this should be a Vet, trainer or farrier with no personal relation). These must be three (3) separate people. Please let your references know that we will be calling them to ask them a few questions.

1. Please complete the following information for your references:

*Veterinarian Name: _____
 Clinic Name: _____
 Address: _____
 City, State, Zip: _____
 Phone Number: _____

*Email: _____

*Is your veterinarian a member of the American Association of Equine Practitioners?

If no, please have your vet provide you with a brief explanation as to why he/she is not an AAEP member
(This is the vet who will become the designated veterinarian for the adopted/ fostered horses)

Equine Professional Name: _____
 Address: _____
 City, State, Zip: _____
 Phone Number: _____

Personal Reference Name: _____
 Address: _____
 City, State, Zip: _____
 Phone Number: _____



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2. Emergency Contacts

Please list a minimum of two contacts who live nearby that WFLF can reach in the event of an emergency in your absence. These individuals must be willing to allow a WFLF representative to inspect the facility and/or condition of the adopted horse.

Contact (relationship to applicant):

Address:

Phone:

Alternate Phone:

Contact (relationship to applicant):

Address:

Phone:

Alternate Phone:

3. Personal References

Reference 1:

Relationship:

Phone:

Email:

Reference 2:

Relationship:

Phone: Cell:

Email:

4. Complete this section if you are applying for CONDITIONAL ADOPTION:

Are you over the age of 21? YES NO

If conditionally adopting an equine from Wild for Life Foundation I understand that I would be making a long term/ lifetime commitment to care for and house the equine(s) that I conditionally adopt. I also understand that there are assessment intervals built into the conditional adoption process to help insure the successful lifetime adoption of each equine in the WFLF adoption program. I understand and that if approved and the adoption process is completed that I will be solely responsible for all expenses for the equine I conditionally adopt. I understand that the equine(s) that I conditionally adopt will be maintained and cared for by me for a period of up to four (6) months initially. This agreement may be extended with approval by WFLF for a period of up to twelve (12) more months, then each twenty four (24) months thereafter.

I further understand and agree that if I become a CONDITIONAL ADOPTOR under the terms of Wild for Life Foundation Lifetime Equine Refuge’s Conditional Adoption Agreement:

- 1) That CONDITIONAL ADOPTOR will have a competent licensed veterinarian examine HORSES once a year, and unless otherwise directed, beginning within _____ of the completed adoption date, and annually thereafter, or more frequently as deemed necessary by the attending veterinarian. Further that CONDITIONAL ADOPTOR will follow the recommendations attending veterinarian and as approved by WFLF.



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- 2) That CONDITIONAL ADOPTOR will be solely responsible for all expenses for the examination and will provide a written notice of findings and completion of said exam(s) within seven (7) days after completion to WFLF 19510 Van Buren Blvd, Ste F3236, Riverside, CA 92508, or by email to info@lifetimeequinerefuge.org.

5. Complete this section if you are applying to become a FOSTER

Are you over the age of 18? YES NO

If fostering for Wild for Life Foundation,, I understand that that there are initial intervals built into the foster care process to help insure the successful fostering of each equine in the WFLF foster/adoption program. I understand that the equine(s) that I foster will be maintained and cared for by me as their FOSTER GUARDIAN for a period of up to six (6) months initially. I understand and agree that I am financially responsible for daily care of the equine(s) that I foster, including (but not limited to) the cost of grain, feed, supplements, wormer, farrier, dentistry and other costs incurred in routine care of the HORSE(S). Upon receipt by WFLF of satisfactory veterinary report and receipts for expenses paid by FOSTER GUARDIAN for feed, wormer, farrier and boarding, ETC., this agreement may be extended with approval by WFLF for a period of up to six (6) more months, then twelve (12) more months, then each twenty four (24) months thereafter.

GENERAL AGREEMENTS FOR "SAFE HAVEN, FOSTER AND CONDITIONAL ADOPTION"

I the undersigned understand I am applying for Safe Haven Network qualification in order to conditionally adopt and/or foster equines from the Wild for Life Foundation.

By signing this adoption/ foster home application, I agree that I have read and understand the adoption and/or fostering policies of Wild for Life Foundation. I agree that I will submit a completed adoption or fostering application packet and must have approval from an officer of Wild for Life Foundation before I am allowed to adopt or foster an equine.

I also understand that I must complete the application process and my home (or boarding facility) must be approved before being allowed to adopt and/or foster any equine from Wild for Life Foundation. I understand that I may not be able to adopt and/or foster the equine I want for various reasons.

I agree and understand that Wild for Life Foundation reserves the right to request a background check, including criminal records to verify personal information.

I understand and agree that if I become a FOSTER GUARDIAN OR CONDITIONAL ADOPTOR under the terms of Wild for Life Foundation's Conditional Adoption or Foster agreements that I may never sell, give away, lease out, transfer or otherwise relocate or remove any equine I have adopted from the address as noted above without obtaining written consent from WFLF in writing. I also understand that I may never use any adopted equine for breeding, racing, tripping, or rodeo purposes for any reason.

I further understand and agree that if I become a FOSTER GUARDIAN or CONDITIONAL ADOPTOR:

- 1) That equine(s) shall be cared for humanely and in compliance with WFLF's Standards for Equine Care; further that said guardian shall not neglect, abandon, abuse or transfer possession of said equine(s).
- 2) That equine(s) may have health limitations due to previous instances of abuse or neglect. Nothing stated herein shall be construed as a claim, representation, or warranty as to the temperament, soundness, health or mental disposition of HORSES.
- 3) That representatives from WFLF shall be authorized by the approved FOSTER GUARDIAN, CONDITIONAL ADOPTOR and or BOARDING FACILITIES, or LAND OWNERS to enter the



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property where said equine(s) reside to determine if the conditions of the Conditional Adoption or Foster agreement is being complied with. In the event that WFLF determines that equine(s) are not receiving adequate care according to WFLF's standards, an authorized representative of WFLF may without further notice, enter said land where equine(s) reside and take possession of equine(s).

- 4) That FOSTER GUARDIAN/ CONDITIONAL ADOPTOR shall be financially responsible for returning the HORSES to a location designated by WFLF if GUARDIAN is deemed unable to care for above described animals.

If approved as a Foster or Adopter do you understand and agree to the conditions as described above?
YES / NO

As a representative for the above named organization I have the vested authority to execute this form.
YES / NO

I acknowledge that the approval as a WFLF Safe Haven foster home or as a conditional adopter is not guaranteed by completion of this form, that it is subject to WFLF's sole discretion and that it may be withdrawn by WFLF should the circumstances, upon which my approval change.

The information I am submitting is true and correct. I acknowledge that inaccurate or false statements made on this application may void my approval as a Safe Haven Home, conditional adopter and or foster at a later date. The following shall act as my signature and agreement to the above:

APPLICANT SIGNATURES:

Signature Date

Printed Name: _____ Title: _____

Signature Date

Printed Name: _____ Title: _____

Please also provide a copy of a valid CA ID or Driver License for each applicant with this application. Return a scanned copy of your completed application by email to admin@wildforlifefoundation.org.

PRIVACY MATTERS:

WFLF policy requires that the privacy of its donors, adoptions and fosters is protected. Information including private contact and or any financial information of donors is protected under stringent security measures which are adhered to at all times.



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FOR OFFICE USE ONLY:

Applicant:

Applicant Consult:

Site check:

Equines(s):

Approval Status:

Fees:

Date of Placement:

Other: _____

WFLF Approving Official

Date