

# 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: \_\_\_\_\_