



TROT, Inc
PO Box 1621
Oldsmar, FL 34677

Foster Care Application

Name _____

Address _____

City, State, Zip _____

Work Phone _____

Home Phone _____

Cell Phone _____

e-Mail _____

Facilities Available (check all applicable)

- | | | |
|--|---|--|
| <input type="checkbox"/> Open pasture | <input type="checkbox"/> Turn-out isolated | <input type="checkbox"/> Turn-out in herd |
| <input type="checkbox"/> Box stall | <input type="checkbox"/> Pasture with run-in shed | <input type="checkbox"/> Foaling stall |
| <input type="checkbox"/> Box stall w/run | <input type="checkbox"/> Paddock no shelter | <input type="checkbox"/> Paddock w/shelter |
| <input type="checkbox"/> Other | | |

Acreage Available

Total Acreage: _____

Number of Acres in Pasture _____

Number of horses currently owned or boarded _____

Riding/Exercise Facilities

- | | | | |
|---------------------------------------|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Indoor arena | <input type="checkbox"/> Outdoor arena | <input type="checkbox"/> Round pen | <input type="checkbox"/> Racetrack |
| <input type="checkbox"/> Trails | <input type="checkbox"/> Pasture area | <input type="checkbox"/> Other | |

Fencing

- | | | | |
|-------------------------------|---|--|--|
| <input type="checkbox"/> Mesh | <input type="checkbox"/> Hot Wire or tape | <input type="checkbox"/> T-posts with wire | <input type="checkbox"/> Board or Round pole |
|-------------------------------|---|--|--|

Other (describe)

I can comfortably foster (check all applicable)

- Special needs (e.g. medical care) Hard to handle Easy keepers only
 Off the track racehorses Vices (cribbing, weaving, etc.)

My comfortable duration of foster care is:

- 1 week 1 month 3 months unlimited

I am willing to foster:

- 1 horse 2 horses 3 horses Max ____

I have the ability/am willing to quarantine a horse separate from other horses:

- Yes No

*****The level of foster care I am comfortable providing is:**

- Full care Hay Worming Farrier Supplements
 Limited care Grain Vaccinations Basic Vet care Basic ground training
 Mucking/grooming

*****Please answer only after considering your current and future financial/time obligations and responsibilities.**

Other comments/requirements:

By signing below, you understand that these are off-the-track Thoroughbreds and will need an experienced handler and appropriate facilities to accommodate their transition away from the track.

Signed: _____

Please attach digital photos (if available) and email to:

Christine@tampatrot.org