



N HT  
F R NO. 01 101122 0002

## HIGHVELD HORSE CARE UNIT

P O BOX 20 RANDVAAL 1873 TEL/FAX 016360 9900/1  
42 Maanhaarjakkals Str Meyerton

### APPLICATION TO FOSTER

#### APPLICATION

1. Anyone over 18 may make an application to Foster.
2. A fostered HHCU horse may not be used for commercial purposes and is therefore not placed in pleasure resorts etc.
3. Applications will be kept on record at the HHCU for an average of 1-year period.
4. The foster family will have first option once the horse is ready for adoption.

#### VISITS

1. Subject to suitability, the foster family will be invited to the Highveld Farm to meet the prospective equine and to ensure their compatibility.
2. Once placed at the foster home, the HHCU reserve the right to visit periodically to ensure all is well.

#### TRANSPORT

1. The foster family will be responsible for transporting the equine to it's new foster home, or costs thereof.

#### FEES AND COSTS

1. No fees are involved to foster the horse, but the foster family accepts that any expenses incurred during the fostership period are for their own account.
2. In the event of ongoing veterinary or other extraordinary expenses, the HHCU must be contacted immediately, and cannot be held responsible for any costs with out agreement by the manager or failing this the chairman.

#### CONDITIONS

1. Under no circumstances may the equine be sold, loaned, re-homed or given to any other party. The animal remains the property of the HHCU. A fostership contract is to be agreed upon with the applicant prior to the release of the animal.
2. If the foster owner fails to keep [the horse to the standard required by the HHCU, or if, in the opinion of an authorized member of staff of the HHCU the fostership is not working out to the horse's benefit, the animal will be taken back into HHCU custody.
3. The horse may not be moved to other premises without the consent of the HHCU.

Signed ..... Date .....



**N H T  
HIGHVELD HORSE CARE UNIT  
FOSTERSHIP SCHEME**

NAME OF APPLICANT .....

ADDRESS .....

..... CODE .....

TEL. .... FAX ..... CELL .....

WHAT EXPERIENCE DO YOU HAVE? .....

NAME OF VET ..... FARRIER .....

PROPOSED TYPE OF STABLING .....

**WHAT TYPE OF HORSE ARE YOU ABLE TO FOSTER?**

YOUNG, REQUIRES HANDLING AND SCHOOLING.....

A HORSE REQUIRING PSYCHOLOGICAL REHABILITATION .....

A HORSE REQUIRING MENTAL REHABILITATION .....

A HORSE WITHOUT ANY PROBLEMS .....

Any other details. ....

.....

.....

Signature ..... Date .....