

FOSTER CARE TERMS & AGREEMENT

Thank you for your interest in supporting and caring for a horse from Western Montana Equine Rescue & Rehabilitation Inc, hereafter referred to as WMERR. Please review these terms very carefully as it is our goal to ensure this is a positive experience for you and the horse in your care.

1. You agree to hold harmless WMERR, its Board members, Directors and/or Volunteers, including any affiliate thereof, from and against all liability, causes of action, suits, demands, judgments, and claims of any nature whatsoever arising from, by reason of or in connection with said horse(s).
_____(initial)
2. You assume financial and physical responsibility for the care of the horse you are fostering. You are responsible for providing food, water, shelter, salt, basic medical care and farrier services. _____(initial) If other arrangements are agreed upon between you and WMERR, they are listed here: _____

3. You agree to set up routine farrier visits for trimming and/or shoeing needs. You agree to use a WMERR approved farrier. _____(initial)
4. You agree to allow scheduled visits by a WMERR Board member or Volunteer to evaluate the horse from time to time. A 72 hour prior notice of visit will be provided. Liability waiver will be signed by anyone prior to entering your property. _____(initial)
5. Any expense incurred while fostering a horse from WMERR may be tax deductible. Please talk to your accountant for confirmation. _____(initial)
6. WMERR Board must pre approve any expenditure you wish to be reimbursed for, and a request must be accompanied by detailed receipts. Mail receipts and request to WMERR, P.O. Box 1168, Corvallis, Montana 59828 _____(initial)
7. In case of an EMERGENCY, contact a pre designated WMERR Board member to inform them of the situation and action to take. If the horse's life is at stake, contact a veterinarian FIRST, then WMERR. Contact

name/number will be provided when foster horse is released into your care. _____(initial)

8. In an EMERGENCY, If you are unable to reach a designated Board member, YOU AGREE TO WORK WITH A VETERINARIAN to make the appropriate decisions that is in the BEST INTEREST of the horse. WMERR will not be responsible for any unapproved emergency expenses incurred over \$500 WITHOUT a veterinarian's recommendation. _____(initial)
9. You agree to contact WMERR with any concerns and/or questions regarding the status of the foster horse. You will be given a list of contacts for appropriate concerns when foster horse in released into your care. _____(initial)
- 10.If you are interested in ADOPTING the horse you are fostering, you may have first option to do so. An Adoption fee may/may not apply depending on the age, background, ability, training, etc. You, as a foster care provider, will receive special consideration. _____(initial)
- 11.You agree to assist WMERR in placing your foster horse into its approved permanent Adoption home. This will include, but may not be limited to, talking with perspective adopters, showing the horse to prospective adopters etc. _____(initial)
- 12.You agree to receive verbal and/or written permission from a WMERR Board member before re categorizing a horse from "rehabilitation" to "sound for riding". Except in an emergency, you agree to notify a WMERR Board member before transporting your foster horse. _____(initial)
- 13.If a situation arises in which your foster horse needs to be placed into a new foster home or returned to WMERR, you agree to give WMERR adequate notice. We are all volunteers and are not always able to act immediately as finding a new foster home requires time. _____(initial)

Signature

Date

Western Montana Equine Rescue & Rehabilitation Inc.
P.O. Box 1168
Corvallis, Montana 59828