

Dancing Cloud Farm Horse Rescue, Inc.

P.O. Box 6

Ochlocknee, GA 31773

(229)378-5088

PRE-FOSTER/ADOPTION INSPECTION CHECKLIST

The following information is strictly confidential and is not for discussion, re-transmission, or release without prior permission from a DCFHR director.

Prospective Foster/Adoption General Information:

Name: _____

Street Address: _____

City, ST, ZIP: _____

Home Phone: _____ Work/Cell Phone: _____

E-mail Address: _____

Inspector Information:

Name: _____

Street Address: _____

City, ST, ZIP: _____

Home Phone: _____ Work/Cell Phone: _____

E-mail Address: _____

Property Location and Specifics: (Reminder: Take photos of the fencing, pasture, barn/shed areas.)

- FENCING -

List type(s) of fencing that surround(s) the pasture: _____

How high is the fencing? _____

Describe the fencing: is it in good repair? Is barbed wire used in close spaces? Are T-posts capped?

- PASTURE -

Describe the pasture/turnout area. Is it safe?

Is there any type of debris in or around the pasture? Describe the debris.

- SHELTER -

Approximate size of the shelter: _____

What materials is the shelter made of? _____

Is the shelter in good repair and safe? _____ Explain:

How often are the equines kept in the barn? _____

Do you believe this barn/shelter is safe? If not, please explain why not:

- FOOD AND WATER -

What is the current feeding schedule?

What type of feed is currently fed?

Amount daily?

If there are special dietary needs for the equine, can they be met?

Is the feed clean and safe for equines?

How is the feed stored?

Are equines fed separately or as a group?

If given grain, do they have their own bucket?

How is hay given to the equines?

What type of water source is available for the equines?

Is the water source clean?

Can it accommodate all the equines?

- OTHER EQUINES -

How many equines are kept on the property? _____

If there are stallions on the property, are they kept separate from the other horses? _____

If no, please explain:

- PLEASE COMPLETE FOR ALL HORSES IN THE PASTURE -

Equine name: _____

Owner's name if different from foster/adopter: _____

Body score: _____

Is horse kept in stall, shed, pasture, other? _____

Has the hoof care been appropriate? _____

Current vaccinations: _____

Negative Coggins: (circle one) yes no

* * * * *

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Negative Coggins: (circle one) yes no

Veterinary Information:

Name: _____ Clinic name: _____

Address: _____

City, ST, ZIP: _____

Phone: _____

Concerns and opinions:

After conducting the inspection, do you recommend this person as a foster/adoptive home? Please give a brief explanation for your recommendation:

Please indicate any additional concerns or opinions you may have of this potential foster/adoptive home:

Signature of inspector

Date