



Fenway Foundation for Friesian Horses Satellite Facility Agreement

Satellite Facility Owner Information

Name: _____

Address: _____

City, State & Zip Code: _____

Phone Number _____ County: _____

E-Mail Address: _____

Veterinarian Name: _____

Veterinarian Address: _____

Veterinarian Phone Number: _____

Veterinarian Email: _____

Farrier Name: _____

Farrier Phone Number: _____

How many acres the horse will be pastured on? _____

Are you currently a horse owner? _____ Number of years? _____

Number of horses currently owned? _____ Number of horses on this property? _____

Is there shelter provided for the horses? _____

Shelter Description: _____

Number & size of stalls in barn: _____

How many hours per day turnout will the horse have? _____



Satellite Facility Required Level of Care

The level of care of surrendered/fostered horses should be the highest standards in the industry.

The horse must receive annual vaccinations (spring and fall) and maintain a current annual Coggins certificate. Vaccinations must include Strangles, West Nile, Eastern and Western Encephalitis, Tetanus, Rhino, and Influenza, unless otherwise noted by your veterinarian. All veterinary, farrier, etc fees will be paid by the Fenway Foundation of Friesian Horses. The horse must be on a parasite control program as prescribed by your vet. It is highly recommended that the horse has daily turnout of no less than 8 hours unless there is dangerous weather.

A veterinarian is to be called for any illness and/or any serious injury.

The horse must be trimmed or shod by a qualified Farrier, going no longer than every 8 weeks. The feet are to be cleaned regularly.

Each horse must receive the required daily feed allowance plus plenty of good quality grass or hay.

Each horse must have a source of clean fresh water made available daily, either by bucket, in regularly cleaned out water troughs or, ideally, constant supply heated waterers. A stagnant pond or creek is not an acceptable primary source of water. Horses are to have their teeth checked minimally once a year and floated, if needed.

Satellite owner agrees not to work the horse beyond its physical limitations set by the Fenway Foundation at any time or to put the horse in harms way at any time.

The horse must have at least one acre of clear-cut pasture per horse with some a source of shade provided.

The horse must have at least a 3-sided shed in the paddock to block wind and bad weather. It is preferred that each horse has an individual stall.

The pasture must have acceptable fencing.

Variations in facility requirements depend on the horse, the region and local weather conditions.

The Satellite owner agrees to contact the Fenway Foundation for the following reasons:

- 1) To fulfill the obligations of this document, regarding continued communication with the Fenway Foundation on the horse's condition, including digital photos when required or requested.
- 2) Prior to the horse being moved to another residence.
- 3) If horse dies.
- 4) If horse becomes seriously injured and/or ill.
- 5) If euthanasia is being recommended. Note: the Fenway Foundation must be contacted prior to euthanasia being performed.

*** Disclosure and Release:** Satellite owner represents, warrants, and declares that they are aware of the following in connection with his/her fostering of a horse rescued/surrendered to the Fenway Foundation for Friesian Horses.

- A) That animals are different from human beings in their responses to human actions.
- B) That the actions of animals are often unpredictable
- C) That animals should be closely and carefully supervised when they are with or around children.
- D) That animals in a new environment may act differently and satellite owner will afford the animal adequate time (at least 7 days) to acclimate to its new environment before being ridden, to the extent the horse is rideable.
- E) That any statements made by owners, employees, or agents of the Fenway Foundation regarding the surrendered horse, either orally or within this agreement, are merely opinions and are made or given solely as a courtesy to those considering fostering an animal, and in no way amount to claims, representations, or warranties as to the temperament, health, or mental disposition of the surrendered horse or the suitability or safety of the animal.
- F) Satellite owner releases, discharges, indemnifies, and holds harmless the Fenway Foundation from and against all claims, liens, damages, losses, and causes of action which may be asserted by satellite owner and all third parties for injury or damage to all persons, property, or thing whatsoever caused directly or indirectly by the surrendered horse.
- G) Evidence of farm/equine liability insurance is required.

ALL NECESSARY FEES FOR VETERINARY CARE, FARRIER, FEED, ETC WILL BE PAID BY THE FENWAY FOUNDATION.



In addition to the information enclosed, applicant must gather and submit two personal references using the Personal Reference Form attached along with your veterinarian complete the Veterinary Reference Form also attached. We also require pictures of your facility, showing the barn/shelter for horses along with the fencing used.

The Fenway Foundation for Friesian Horses Inc. holds the right to recover the horse(s) if ever abused, abandoned, neglected, starved, or mistreated, etc., in any way. The satellite owner agrees to abide by the Required Level of Care, or the horse can and will be recovered by owners, employees, or agents of the Fenway Foundation for Friesian Horses Inc. at any time.

I have read and understand the conditions of the Satellite Agreement and agree to uphold the highest level of care for the surrendered horse.

Signature of Satellite Owner: _____

Today's Date: _____

Signature of Fenway Foundation Representative: _____

Today's Date: _____

SATELLITE APPLICATION CHECK LIST

- 1) Completed and signed Agreement (cannot be computer generated signatures and initials)
- 2) Two completed personal reference forms and one completed veterinary reference form
- 3) Photos of your property (or boarding facility if boarding) – barn/shelter, fencing, pastures/paddock

Once complete, send via email, fax or mail per the following:

Email: fenwayfoundation@yahoo.com

Fax: 920-757-0878

Mailing address: N3398 State Road 76
Hortonville, WI 54944



Personal Reference Form

Your personal reference may not be an immediate family member and it also may not be the same person who fills out any other reference form(s) for you.

To be completed by satellite applicant:

| | |
|----------------|----------------------------|
| Name | Telephone Number |
| Address | City/State/Zip Code |

To be completed by reference:

| | |
|--|----------------------------|
| Name | Telephone Number |
| Address | City/State/Zip Code |
| How long have you known the applicant? | |
| Describe your impression of the care and condition of the animals the applicant currently owns: | |
| Do you think the applicant would make a good satellite home? Why or why not? | |
| Signature | Date |

Thank you for taking the time to complete this form!

Please complete and return to the applicant for submission with his/her satellite application.



Personal Reference Form

Your personal reference may not be an immediate family member and it also may not be the same person who fills out any other reference form(s) for you.

To be completed by satellite applicant:

| | |
|----------------|----------------------------|
| Name | Telephone Number |
| Address | City/State/Zip Code |

To be completed by reference:

| | |
|--|----------------------------|
| Name | Telephone Number |
| Address | City/State/Zip Code |
| How long have you known the applicant? | |
| Describe your impression of the care and condition of the animals the applicant currently owns: | |
| Do you think the applicant would make a good satellite home? Why or why not? | |
| Signature | Date |

Thank you for taking the time to complete this form!

Please complete and return to the applicant for submission with his/her satellite application.



Veterinarian Reference Form

The veterinarian who fills out this form will not be held liable for opinions expressed within this form. If you currently do not have a veterinarian, you may ask a veterinarian who will be working on your animal(s) to fill out the form stating that he or she is willing to work on your animal(s). The purpose of this form is so that FFFH will know that you have a veterinarian available whenever your fostered Friesian needs veterinary care. Your veterinary reference may not be an immediate family member and it also may not be the same person who fills out any other reference form(s) for you.

To be completed by satellite applicant:

| | |
|----------------|----------------------------|
| Name | Telephone Number |
| Address | City/State/Zip Code |

To be completed by veterinarian:

| | |
|---|----------------------------|
| Name | Telephone Number |
| Address | City/State/Zip Code |
| How long have you been treating the applicant's animal(s)? | |
| If you have not previously worked with the applicant's animals, after speaking with the applicant, would you be willing to work with any animal he/she may foster for the Fenway Foundation for Friesian Horses? | |
| Does the applicant keep his/her animals current on their vaccinations and other health care? | |
| Describe your impression of the care and condition of the animals the applicant currently owns. Do you think the applicant would make a good temporary satellite home? Why or why not? | |
| Signature | Date |

Thank you for taking the time to complete this form!

Please complete and return to the satellite owner to submit with his/her satellite application.