



Paso Fino Horse Association, Incorporated

RESCUE QUESTIONNAIRE – PUBLIC/PRIVATE

1. Rescue Name: _____

2. Phone: _____ 3. E-Mail Address: _____

4. Address: _____

City: _____ State: _____ Zip: _____ Country: _____

5. Website Address: _____ 6. Facebook Page: _____

7. Date/Year Rescue Established: ____/____/____ 8. Type of Rescue: Public 501(c)(3) Private INC. LLC. Sole Proprietorship

9. President or Owner of Rescue: _____ 10. Phone: _____ 11. Email: _____

12. INFORMATION OF PERSON COMPLETING THIS FORM, IF DIFFERENT THAN ABOVE:

Last Name: _____ First Name: _____ Title(IA): _____

13. List Names of all Board of Directors and Titles:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

(Please list any additional members on separate sheet)

14. Is the rescue specific to a certain breed? Yes No

If yes, please list the breed(s): _____

15. Is the rescue accredited by GFAS (Global Federation of Animal Sanctuaries)? If yes, please complete questions # 1-15 & # 56-57 and return form: Yes No

15A. If the rescue is GFAS verified but not accredited, please explain the reason/s why accreditation was not granted: _____

16. What is the mission or purpose of the rescue: _____

17. Where does the rescue obtain the bulk of its operating funds: _____

18. Describe how or where the rescue obtains its horses: _____

19. Describe what happens to a horse once it enters the rescue: _____

20. If the rescue utilizes foster homes, describe how fosters are screened: _____

21. Describe the quarantine procedures: _____

22. Describe horse evaluation or rehabilitation procedures: _____

23. What is your policy for stallions: _____

24. What is your policy for mares, as far as breeding: _____

25. How long does this rescue keep a horse prior to rehoming: _____

26. Describe how homes are found: _____

27. Describe screening process for potential homes: _____

28. What criteria would exclude someone from adopting a horse from this rescue: _____

29. Describe what happens to a horse deemed "unadoptable" or rescue is unable to rehome: _____

30. Describe the rescue's policy on euthanasia, and when/how the rescue would determine if it was necessary: _____

31. Describe the rehoming agreement: _____

32. Does the rescue consider the rehoming a horse sale, or a horse adoption. Explain the difference. _____

33. Describe the procedures and methods used for follow-up once a horse is rehomed: _____

34. Describe what will happen to the horse in the care of the rescue if the owner or President is unable to continue the rescue operations, for example, due to disability, death, finances, etc.: _____

35. How many horses can the rescue accommodate: _____

36. How many horses does the rescue currently have: _____

37. How many horses are in foster homes: _____

38. How many acres are the horses kept on: _____

39. Describe the rescue facility/farm: _____

40. Describe the kind of shelter(s) provided for the horses: _____

41. Describe the type of fencing the rescue and fosters have (wood, vinyl, electric tape, barbed wire, tensile, other): _____

42. Does the rescue owner or President breed horses or stand stallions? If yes, please explain. Yes No _____

43. Does the rescue owner or President train horses or instruct riders: _____

44. List any other horse related businesses owned by the rescue owner or President:

1. _____
2. _____
3. _____
4. _____
5. _____

45. Has the rescue ever sold a horse at an auction or sale barn: Yes No

46. Has the rescue ever sold or traded a horse to a kill buyer broker or kill pen: Yes No

47. Does the rescue receive any compensation/commission/rebate from a kill pen or broker: Yes No

48. Has the rescue, owner, president, officers or trainers ever been cited/arrested/convicted by police or Animal Control for animal violations? Yes No

49. Has the rescue, owner, president, officers or trainers ever had horses/animals rescued from them, or taken/seized:
 Yes No

50. Has the rescue owner or president ever had a property with rescue animals placed under quarantine? If yes, please explain the reason. Yes No _____

51. VETERINARIAN INFORMATION

Last Name: _____ First Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

53. FARRIER/BLACKSMITH INFORMATION

Last Name: _____ First Name: _____ Phone: _____

54. EQUINE DENTAL PROVIDER INFORMATION (IF APPLICABLE)

Last Name: _____ First Name: _____ Phone: _____

55. Please include/attach additional pertinent information with your application.

56. Please include/attach all contracts, agreements and forms used by the rescue.

57. Does the rescue and person completing form attest, and would attest under oath, that the information provided on this application is true and accurate? Yes No

(Signature)

(Date)

If additional information is needed, the rescue owner or President will be contacted. Thank you for completing this information.

Form QER 6/2018, beta

Please return completed form to pfhaethicscommittee@gmail.com.