



## New Start Foster Farm Application

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New Start  
1541 Mumma Rd  
Harrisburg, PA 17112

Phone: 717.645.6615  
Fax: 717.469.0240  
info@newstartforhorses.com

Please complete then submit this form if you wish to become a Foster Farm for the New Start Racehorse Adoption Program of the PA HBPA.

### Contact Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ email: \_\_\_\_\_ @ \_\_\_\_\_

Farm Address: \_\_\_\_\_

\_\_\_\_\_

Farm Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

### Experience and History

How many years have you been training horses? \_\_\_\_\_

What discipline(s) are you currently training? \_\_\_\_\_

Have you had experience with horses directly off the racetrack? \_\_\_\_\_

Do you currently have any OTT's in training? \_\_\_\_\_

What discipline will this horse be trained for? \_\_\_\_\_

What level of performance would you need this horse to achieve to fit your program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Facility Information**

Do you live at this facility? \_\_\_\_\_ How long have you been at this facility? \_\_\_\_\_

How many horses do you currently stable? \_\_\_\_\_ How many acres is your farm? \_\_\_\_\_

How many stalls do you have? \_\_\_\_\_ Give dimensions \_\_\_\_\_

What kind of turnout is available? \_\_\_\_\_

What type of fencing surrounds the paddock/pastures? \_\_\_\_\_

What type of footing is your riding arena? \_\_\_\_\_

What material do you use for bedding? \_\_\_\_\_

We require stalls to be bedded deep enough for the horse to lie comfortably.

**Reference Information**

Please provide the name and phone numbers of three non-family horsemen who are aware of your horse experience and facility. Please include one reference from within 20 miles of your farm.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Farrier's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Feed Dealer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Please sign, date and return this form to the New Start address listed above.

\_\_\_\_\_

Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date