1300 881 606
info@phhwv.org.au
www.phhwv.org.au
GPO Box 1991 Melbourne VIC 3001

ABN: 96 820 500 367
REG NO: A0027152D

PROJECT HOPE HORSE WELFARE VICTORIA

EXPRESSION OF INTEREST TO BECOME A SHORT TERM CARER FOR A PH HORSE

Project Hope Horse Welfare Victoria Incorporated (PHHWV) is a non-profit, membership-based organisation dedicated to providing hope for equines through education, rehabilitation and advocacy.

Although our first aim is to assist owners through education, advice and support to rehabilitate their own equines we will consider, within our Charter guidelines, rescuing and rehabilitating any equine found abandoned, sick, injured, mistreated or neglected or likely to become so in the imminent future. The equines that come into our care go through rehabilitation with members. Once this is completed the equine becomes available for lease with a long-term carer.

Rescue Horses:
During rehabilitation the horse's long term physical health and behaviour is assessed. The past history and health of a rescue horse will influence the future lifestyle suitable for them. They may be trail or pleasure riding, or a companion horse. They may need specialised care or require a carer who has training skills suitable to establish safe and consistent behaviours for their husbandry needs. All horses will have a profile with our recommendations.

The Agreement states that The Short-term carer will:
- Be a member of Project Hope whilst the Agreement is in place
- Keep the equine at a location known by and approved by PHHWV at all times
- Will not breed with the equine under any circumstances
- Provide PHHWV with an update on the equine at regular intervals

Short term care Horse assessment. The following are standard items of care:

* Vet assessment
*Dentist
*Faecal egg count and Worming
* Microchipping
* Farrier
* Vaccination(s)
*Feed and basic supplements (Vitamins and Minerals)

Financial support will cover **all** costs rehabilitation and care:
All standard items of care will be authorised by your support person.
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APPLICANTS DETAILS:			DATE:
Name:		**Are you a PHHWV Member:**	
Email:		**Ph. Number:**	
Address:		**Suburb/Town:**	
Shire:		**Postcode:**	
How many people are in your family?		**Ages of children:**	
Will the equine live with you?		**If not, who will care for the equine?**	

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WHERE THE EQUINE WILL BE KEPT:			
Property Owner:		**PIC:**	
Address:		**Suburb/Town:**	
Postcode:		**Shire:**	
Type of Property:		**Property Size:**	
Available facilities for care and training of the equine: (e.g. round yard, safe area for farrier, etc.)			
How will the equine be kept? (e.g. 24/7 turnout, track system, equi-central, group turnout, individual turnout, etc.)			
Will the equine have access to shelter? What kind?			
What is the condition and type of fencing?			
Will the equine live with other Equines?			

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APPLICANTS EXPERIENCE			
Do you currently own an Equine?		**Describe your current Equines:**	
Describe your previous experience with Equines:			
Describe your Equine handling skills:			
Describe your riding skills/history: **Note** If you are not taking on a riding horse please leave blank			
Describe how you would care for/manage an Equine with a history of Laminitis:			
Describe how you would care for/manage a horse with Equine Metabolic Syndrome:			
Describe your understanding parasite management and your current worming regime:			
Describe your understanding of nutritional requirements and feeding practices for your Equines:			
Describe your understanding of hoof care (including your current hoof care regime and provider):			

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Describe about your understanding of your Equines dental care requirements:	
Describe about your understanding of your Equines vaccination requirements:	

AGREEMENT:

I agree that the information provided in this document is true and correct.

Name of Applicant:			
Date:		**I am over 18 years of age:**	
Signature of Applicant:			
Other notes:			