

New England Equine Medical & Surgical Center

Foal Watch Application Form

Name: _____ **Email Address:** _____

Home Address: _____

Telephone: () _____

Cell phone: () _____

Emergency Contact Info:

Name/Relation _____ Phone Contact _____

Name/Relation _____ Phone Contact _____

Other Info (medication, medical condition, etc.) _____

Availability: Please indicate the times on each day you would be available. We understand your schedule is obviously going to change but this will give us a general idea.

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday : _____

Sunday: _____

Please attach either a current resume or a letter describing all equine experience and other pertinent information you consider valuable in consideration of your application for foal watch.

By signing below, you indicate that you have read the description of **New England Equine Medical & Surgical Center** foal watch volunteer, and agree to abide by the expectations described therein to the best of your ability.

Signature _____ Date _____