

Mustang Heritage Foundation
PO Box 979, Georgetown, TX 78627
Phone: 512.869.3225 / Fax: 512.869-3229
Email: tip@mustangheritagefoundation.org



TRAINER APPLICATION

Name: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ * Must provide two phone numbers.

Email: _____

Age: _____ Birthdate: _____ Social Security Number: _____

Drivers License: _____ State: _____

***Mustang Heritage Foundation annual membership is required in order to train or compete in MHF programs. An application is included and can be submitted along with your TIP application, or completed online at <https://mustangheritagefoundation.org/join/>. Annual membership is \$35 and is tax deductible as allowable by law.**

Contact information provided below will be shared publicly to encourage adopter communication:

Phone: _____ Cell: _____ Email: _____

Website: _____ Facebook: _____

Questionnaire: **All questions must be completed.** Please feel free to use additional pages if necessary. **MHF may complete a background check on applicants.**

1. How many years have you trained horses/burros? _____
2. Have you ever been accused or convicted of animal or human abuse/neglect/cruelty? _____
3. Are you a professional or have you received compensation for training? _____
4. Have you trained a wild horse or burro received directly from an adoption or BLM facility (not a Mustang or burro that had previous gentling or training)?

5. Do you have any equine related licenses or certifications? (CHA, Protégé certificate, collegiate level certification, etc.)

6. Do you currently have any untitled mustangs or burros at your facility, if so, how many?

7. Do you compete in horse related events? If so, which disciplines/breeds do you compete in?

8. Have you won awards and/or recognition in these disciplines?

9. Do you or a family member own the facility where you will be training the Mustang(s) or Burro(s)? Y / N
10. Please submit, using another sheet of paper, a short trainer bio and a short explanation as to why you think we should select you as a trainer for this program.

I have read and agree with the 2019 Mustang Heritage Foundation Trainer Incentive Program Rules and Regulations and agree to comply.

By signing below I am stating that I am aware and in agreement that participation in this event is by invitation only; therefore, the Board of Trustees has the unqualified right to determine eligibility and can, at any time, remove a contestant from a Mustang Heritage Foundation program and competition for any or no reason at all. I am also stating that all questions above have been answered honestly by the trainer applying for this competition.

Applicant Signature: _____ **Date:** _____

Mustang Heritage Foundation - TIP Program

TRAINER REFERENCE FORM

If the individual providing the reference would like for the information to remain confidential, please feel free to mail this form directly to the Mustang Heritage Foundation, P.O. Box 979, Georgetown, TX 78626. Fax: 512-869-3229 Office 512-869-3225 Email: tip@mustangheritagefoundation.org

Name of Applicant: _____

Name of Reference: _____

Ref. Home Phone: _____ Ref. Alternate Phone: _____

Ref. Email Address: _____

1. How long have you known this trainer?

2. How often do you see this trainer ride or work horses?

3. Do you feel that their facilities are suitable for working with a wild horse or burro?

4. Do you have any concerns about the animals in the care of this trainer?

5. Would you recommend this trainer to people with unbroken or difficult horses or burros?

Personal Comments: (Regarding skill, work ethic, values, etc.)

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Mustang Heritage Foundation Humane Treatment Policy

Every Mustang and all animals shall, at all times, be treated humanely and with dignity, respect and compassion. Any participant using abusive or excessive training techniques or being inhumane to a Mustang or Burro in his/her care (determined excessive or abusive by a panel assigned by the Mustang Heritage Foundation and consisting of a panel of licensed equine veterinarian(s) and/or respected horse industry professionals) may be removed from the program and/or all future contests and training programs. If a participant's animal enters the contest or if the trainer/participant at any time presents an animal with questionable training/care related injuries (determined excessive or abusive by a panel assigned by the Mustang Heritage Foundation and consisting of a panel of licensed equine veterinarian(s) and/or respected horse industry professionals) the participant may be removed from the contest and/or all future contests and training programs.

The following list includes but is not limited to examples of unacceptable behavior and training techniques:

- No mustang or burro appearing to be emaciated, drawn or injured may be exhibited.
- Use of or evidence of inhumane training techniques or methods such as striking animal with objects, excessive spurring and/or excessive jerking of reins.
- Any inhumane treatment that results in wounds.

Additionally, the Mustang Heritage Foundation promotes and encourages the following examples of sound, compassionate, and successful training techniques and handling methods:

- Mustang/Burro and trainer exhibiting solid relationship based on respect and understanding
- A calm and willing partnership between Mustang/Burro and trainer, regardless of the obstacle or environmental challenge during competition or training phases
- Trainer maintains a credible level of dignity for the Mustang/Burro during all phases of training, competition, and repositioning if applicable.
- Trainers are expected to seek and employ methods of horsemanship in order to promote and encourage the positive relationship between Mustang/Burro and trainer.
- Training techniques should demonstrate a strong bond between Mustang/Burro and trainer

Through my signature below, I certify that I have read and understand the Mustang Heritage Foundation Humane Treatment policy, and agree to abide by these principles as a participant in Mustang Heritage Foundation events. I also understand that should a determination be made (as outlined above) that I have violated any part of this policy, I may lose the privilege of competing at MHF-sponsored events, and may also lose the privilege of any future adoptions of Mustangs or Burros.

Name of Trainer (please print)

Trainer's Signature

Date of Signature

MHF AND BLM FACILITY REQUIREMENT FORM

Trainer Name: _____ Phone: _____
 Mail Address: _____ City: _____ State: _____ Zip: _____
 E-mail address: _____
 Interested in training horses or burros? _____ How Many: _____ Horses _____ Burros
 How many untitled horses/burros are at the facility location: _____ Adopted (untitled): _____ TIP: _____ EMM: _____
 Birthdate: _____ (SSN, DL and DOB info will be required at pickup if needed)

Question 1: Describe your facility and transportation

- a) Corral**
 Dimension: Length: _____ Width: _____ Height of Corral: _____
 Gate Height: _____ Gate Width: _____
 Materials used in Corral: _____ Materials used in Gate: _____
- b) Shelter**
 Dimension: Length: _____ Width: _____
 Maximum Height: _____ Minimum height: _____ Gate height: _____ Gate width: _____
 Materials used in Shelter: _____
 Attached to corral? Yes _____ No _____ If not attached, how is it accessible: _____
- c) Feed**
 Type of hay or pasture: _____ How much per day: _____
 Supplemental feed: _____
- d) Water**
 Tank capacity (gallons): _____ Automatic water - Y N Source of water: Well ___ City ___
 Other: Describe: _____
- e) Trailer**
 Brand name and year (if known): _____ Animal capacity: _____
 Type: Stock _____ Slant _____ Other (describe) _____
 Interior Length _____ Interior Width _____ Interior height _____ Covered with _____
 Number of rear doors: _____ Ramp Y - N Rear doors: (circle one) Full height, Half height, ¾ height.
 *** Horses are normally not loaded into a trailer with a ramp.

Draw a map to location where animals will be kept (from the nearest major highway)

Draw a detailed layout of the corral and shelter where the animals will be kept.

*Address of facility if different: _____
 Direction to facility: _____
 Signature: _____ Date: _____