

Our Mission - To Give Them a Better Life

EQUINE ADOPTION APPLICAT	TION	Date:
Name		Date
Street Address		
		Zip
Cell Phone	Email Add	ress
Name of Employer		
Employer Address		
		icense #
What is the intended use of the horse?		
Facility and Equine Care Do you live on the property: yes no		
Are you planning to board: yes no		
Name of boarding facility:		
Boarding address:		
		rson:
How much land/acreage will the horse	s be pastured on?	
Describe the barn and number of sepa	rate stalls in the barn:	
Describe the pasture and fence:		
How many horses are currently on the		
Do the horses get turnout in the pastur		
Is the property free of debris and trash		
If no, describe		
Do they have dry shelter in the case of	-	
Describe shelter		
Do they have cover for shade in the su	ımmer? yes no	
Describe cover		

Type of feed, amount, frequency:



ΕΩΙΙΝΕ ΔΠΩΡΤΙΩΝ ΔΡΡΙ ΙΩΔΤΙΩΝ

EQUINE ADOPTION APPLICATION	Date:
Describe the frequency of the following:	
Worming:	Farrier Care:
Dental Care:	
Describe your experience level with equines	
Will you be the one riding the horse: yes no	
If not, who will be riding and describe their ability le	evel:
Have you ever been charged or convicted of cruelt	y against any animal? yes no
If yes, please explain	
References	
Veterinarian (Name & Phone)	
Farrier (Name & Phone)	
Personal (non-family member, Name & Phone)	
knowledge (or resources to help) with horse care.	adopt to beginners. The adopter must have a good working For rideable horses, adopters should be able to handle, tack are fine IF the parent/guardian (adopter) is experienced
HOW DID YOU HEAR ABOUT US?	
-Circle all that apply- Facebook Twitter Internet	
Word of Mouth (Who Referred?)	
Other (describe)	