## "Interested in Adoption" Application

The details in this Application will help us select a horse that might be a good match for you. If we don't have the right horse, please answer below if we may share this application with other rescues and sanctuaries to see if they do. If they believe they have a horse that fits, you will be contacted and receive information about the horse. This does not guarantee adoption.

								does not guarantee	adoption.	
*(Please ansv	ver this seal	ch an	ea question	)*						
□No, I only v □Yes: <i>If yes</i> □O	vant an equ , please ind nly within /i I organization	ine fro icate o Type he ons w	om your or one of the f rej hours' d ithin a net	gani follo rivir work	wing:			v states		
horse in perso	on before a	n ado	ption is co	nple	eted. We do not cer	rtify,	inspect or guar	n. Remember that y rantee or warranty o need will find a lovin		
meet <i>your</i> red	quirements.	It is §	good to ask	que		ad th	ne adoption agi		d fit for you and It the organization and	
Your Conta	ct Inform	atio	n	,						
NAME [Type here]					RESS e berej					
EMAIL				PHC	NE			ST BE 18 YRS OR OLDER		
(Type here) WILL YOU HAVE A (	CO ADODTERS			(Тур	there)		Are you 18 ye	ars or older? □No	□Yes	
WILL YOU HAVE A C		co-ad	ontion: Mon	a konz	o i					
CO-ADOPTER NA		au	option, (194)		ADOPTER ADDRESS		-2-7-1		. 10 1000	
(Type here)				[Type here]						
CO-ADOPTER EMAIL (Type here)			CO-ADOPTER PHONE CO-ADOPTER RELATIONSHIP AND ARRANGEMENT [Type here]							
REASON FOR ADOP	TING									
Your Equin	e Prefere	nces	& Goals						***	
□Horse	□Donke		□Mule		Miniature Hor	SP	· · · · · · · · · · · · · · · · · · ·			
GENDER □ Female □ Male □ Either	AGE [Type here]	BREEI (Type I	D(S)		OTHER PREFERENCES [Type here]			DESCRIBE YOUR IDEAL E [Type here]	QUINE	
DESIRED SKILLS / LEVEL OF EQUINE  Halter broke  Started ground training  Started under saddle  Rideable  Kid safe  Other: [Type here]		WHAT ARE YOUR GOALS FOR YOUR EQUINE?  Riding (complete next section as well)  Competition  For kids  Lead line with grandkids  Companion  Equine-assisted therapy (NOT ridden)  Therapeutic riding  Carriage driving  Other: [Type here]			RIDING PLANS & PREFERENCES  Describe the kind of riding you will do: [Type here]  # times per week you expect to ride: [Type here]  For how long each ride: [Type here]  Do you love riding fast?   No   Yes		ARE YOU WILLING TO HIRE A TRAINER TO:  Help an equine meet your goals?  No Yes  Improve an equine's manners?  No Yes			
		onsid	er adoptin	g an	equine with specia /OULDN'T accept <i>(exc</i>			ns? □No □Ye ation, can't canter, has		

What are your "deal breakers"?	<u> </u>	
[Type here]		

Your Equine Ex	operience			
	an equine before? 🗆 No	□Yes—Which	kind(s): □Horse □	Oonkey □Mule □Mini
1	es now? 🗆 No 🗀 Yes—			
	ned an equine, what is y			2 Stune barel
	If more than five, include in		- CAPETICALE	- ( type rere)
NAME [Type here]	TYPE/BREED [Type here]	AGE [Type here]	HOW LONG WITH YOU? [Type here]	WHERE WOULD NEW EQUINE FIT IN THE HERD? [Type here]
NAME [Type here]	TYPE/BREED [Type here]	AGE (Type here)	HOW LONG WITH YOU? [Type here]	
NAME [Type here]	TYPE/BREED [Type here]	AGE [Type here]	HOW LONG WITH YOU? [Type here]	
NAME [Type here]	TYPE/BREED (Type here)	AGE [Type here]	HOW LONG WITH YOU? [Type here]	
NAME [Type here]	TYPE/BREED [Type here]	AGE [Type here]	HOW LONG WITH YOU? [Type here]	
FORMER EQUINES IN	PAST 5 YEARS (If more than	n five, include in a	n email)	
NAME [Type here]	TYPE/BREED [Type here]	WHERE IS TI [Type here]	HE EQUINE NOW?	IF DIED, WHAT WERE THE CIRCUMSTANCES? [Type here]
NAME [Type here]	TYPE/BREED [Type here]	WHERE IS THE [Type here]	HE EQUINE NOW?	IF DIED, WHAT WERE THE CIRCUMSTANCES? [Type here]
NAME [Type here]	TYPE/BREED [Type here]	WHERE IS TH	HE EQUINE NOW?	IF DIED, WHAT WERE THE CIRCUMSTANCES? [Type here]
NAME [Type here]	TYPE/BREED [Type here]	WHERE IS TH	HE EQUINE NOW?	IF DIED, WHAT WERE THE CIRCUMSTANCES? [Type here]
NAME [Type here]	TYPE/BREED [Type here]	WHERE IS TH	HE EQUINE NOW?	IF DIED, WHAT WERE THE CIRCUMSTANCES? [Type here]

Rider / Hand	ller Inf	ormati	on	
LIST EVERYONE W	/HO WILL	. BE REGU	LARLY HANDLING / RIDING THE EQUINE (If more than five, inc	lude in an email)
NAME—PRIMARY [Type here]	AGE [Type here]	WEIGHT [Type here]	EXPERIENCE LEVEL  Novice (beginner with limited to no experience; ride at a walk/trot; been on a few rides)  Intermediate (some experience with a variety of equines; can ride a well-behaved equine at a walk/trot/canter)  Advanced (years of trained experience on a variety of equines with behavioral challenges)  Trainer (started/worked equines of all ages training through behavioral challenges)	WHAT KIND OF RIDING WILL THEY DO? [Type here]
NAME [Type here]	AGE [Type here]	WEIGHT [Type here]	EXPERIENCE LEVEL  Novice Intermediate Advanced Trainer	WHAT KIND OF RIDING WILL THEY DO? [Type here]
NAME [Type here]	AGE [Type here]	WEIGHT [Type here]	EXPERIENCE LEVEL  ☐ Novice ☐ Intermediate ☐ Advanced ☐ Trainer	WHAT KIND OF RIDING WILL THEY DO? [Type here]
NAME [Type here]	AGE [Type here]	WEIGHT [Type  here]	EXPERIENCE LEVEL  Novice Intermediate Advanced Trainer	WHAT KIND OF RIDING WILL THEY DO? [Type here]
NAME [Type here]	AGE [Type here]	WEIGHT [Type here]	EXPERIENCE LEVEL  Novice Intermediate Advanced Trainer	WHAT KIND OF RIDING WILL THEY DO? [Type here]

## **Special Care & Talents**

What kind of groundwork do you	do with ear	tines? (Type bore)	··			
Do you have massage, chiropract			No. 🗆 Vos dose	vibo vivo v		
Describe all equine-related skills y				Tibe— [type nere]		
1						
How patient are you? (Rate on so			) : [Type here]			
Can you handle a spook or bolt?	□No □Ye	25				
References and Backgrou	und Info	······································				
VETERINARIAN NAME (current / plann		VET PRACTICE/BUSINESS NAM	1E	DUONE		
[Type here]		[Type here]	TC	PHONE  [Type here]		
FARRIER NAME (current / planned)				PHONE		
[Type here]				[Type here]		
LIST THREE (3) PERSONAL REFE	RENCES	T				
NAME [Type here]		EMAIL [Type here]		PHONE [Type here]		
NAME		EMAIL		PHONE		
(Type here) NAME		[Type here]		[Type here]		
[Type here]		EMAIL [Type here]		PHONE [Type here]		
Have you ever been issued a w	arning or c	itation for ANY animal-relate	ed violation? O	been convicted of animal abuse?		
│□No □Yes—If YES, list ALL warn	ings, citatio	ns and convictions (Governing A	uthority / Reaso	n / Date Issued):		
[Type here]						
Your Equine's Environme	nt – Loca	ation (complete one section	below)			
$\square$ Boarding Facility	688	perty owned by you		ne else's property		
☐Spot is open/ being held		Carra and decrease the second		agreed to have an equine on the property?		
□On waiting list—approx. wait		□Different address (add below): □Yes □		lo—Explain: [Type here]		
time: [Type here]		Does the ☐Yes ☐		oes the property meet local regulations for equines?		
				D— Explain: [Type here]		
FACILITY NAME [Type here]	B938	RESS OF YOUR OTHER PROPERTY  CONTACT [Type here]  PHONE		ME		
FACILITY ADDRESS						
[Type here] FACILITY CONTACT NAME			[Type here] ADDRESS			
[Type here]			[Type here]			
FACILITY PHONÉ (Type here)						
How many other equines are ke	pt at the lo	ocation? [Type here]				
Your Equine's Environme	nt — Struc	ctural Safety Requirem	ents			
Text to come from Linda: "A site in	spection wil	l be conducted at the equine's l	ocation before fi	nal adoption "		
FENCING				ior despetoria.		
TYPE OF FENCING AT THE LOCATION  (Check all that apply)	SAFETY REC	QUIREMENTS & AFFIRMATION				
☐ Board and post	> Safe fer	ncing must be a minimum height of 4.5 feet.				
□ No climb or stock wire		cing must be in good repair, well maintained, and free of fallen debris or overgrowth.				
☐ Electro-braid or poly rope  Wire fencing must be tight and without sa			sagging.			
☐ Corral panel (pipe rail)	Note that the fall and a NOT C LAIGT			able:		
□ Split rail Cattle gr		rates of guards of any kind in areas accessible to equines				
□ Vinyl or PVC fencing □ Chain link ■ Barbed w						
- Dai Deu V		wire construction or snow fence				
_		or T-posts as primary or perimeter fencing (Step-in or T-posts as temporary fencing, a fence patci				
☐ Electric tape <i>(minimum 3</i>	or to cre	eate rotation grazing within a la	rge paddock is a	cceptable)		
strands)	_ <b>.</b>					
Additional Notes: [Type here]		rm that safe fencing requiren No—Explain: [Click to type]	nents are met:			

SHELTER							
Will the equine be in a pasture or stall?	GUIDELINES FOR SHELTER SAFETY & COMFORT						
□PASTURE	(As appropriate for weather conditions and temperatures)						
What kind of shelter is provided?	SHELTER: An equine must have overhead shelter wherever it is living and in pastures or access to a run-in shed or a stall. Trees or other natural windbreaks may NOT be sufficient as shelter.						
[Type here]							
How many other equines are kept at the same place)? (Type here)	RUN-IN SHEDS: Must be of adequate size for number of equines present, based on a measurement of 6'x6' per equine. Run-ins are three-sided with a						
□STALL	roof and solid, reasonably clean footing.						
Is there access to an outdoor run? □No □Yes	TALLS: Minimum acceptable stall size is 10x10, with 12x12 or larger being trongly preferred.  MATER: Equines must have access to clean, fresh water in pastures and when stalled. Water needs to be provided in a trough or tub, with the ability o prevent freezing in cold weather. Natural water sources such as ponds,						
Is there a window or door with free access to sunlight? ☐No ☐Yes							
Will the equine be turned out with other equines?  ☐No ☐Yes—How often: [Type here]  For how long: [Type here]	creeks, and streams are not accepted as a primary water source but may be available as secondary water sources. We highly encourage fencing off bodies of water where deep mud can accumulate on banks or shores.						
Your Equine's Companions							
GUIDELINES FOR COMPANIONSHIP							
At least one other equine (horse, donkey, mule, or miniature	must be present as a companion for any adopted equine. Goats,						
sheep, and other farm animals are not considered adequate line.	companions. Equines must minimally be able to socialize over a fence						
144							
What companion equines will be present? [Type here]							
Do you affirm that all companion equines are and will be kep veterinarian, dental, and hoof care?  Yes No—Explain: [Type here]	ot in good health, current on vaccines, and receive adequate						
Additional Information / Questions What other information will help us make a good match?							
[Type here]							
What questions do you have for us?							
[Type here]							
Do you gare and a large a							
Do you agree, understand and certify?							
I do hereby agree to ALL of the following:							
□To never sell an equine for slaughter.							
☐To provide good veterinary medical and dental care with annual check-ups and immunizations, regular foot care and medical treatment for injuries and illnesses.							
$\Box$ To never euthanize a healthy equine or an equine that can be rehabilitated.							
$\Box$ To have a veterinarian perform euthanasia and only if necessary for the wellbeing of the equine.							
$\Box$ To make legal provisions for the equine's care in case of my illness, incapacitation or death.							
	☐To onsite visits by the organization adopting out the equine or their designee before and after adoption with prior email notice.						
□ I acknowledge that I am aware and understand the costs of equine ownership and have the money to properly care for an equine.							

I certify that all of the Application information above is complete and true. I understand that falsifying information may result in nullifying this Application. If any information in this Application changes during the adoption process, I will notify this initiating organization or the subsequently referred organization(s) immediately.					
SIGNATURE* (Insert jpeg of signature if possible)	PRINTED NAME	DATE			
	[Type here]	[Type here]			

<sup>\*</sup>Phone photo of page signed by hand also acceptable.