

THE EQUINE PROJECT

Adoption Application

Name _____ Age _____
Occupation _____
Address _____
Phone (home) _____ (work) _____
E-mail _____

Do you own or rent your home? Own Rent

If you rent, please tell us your landlord's name and phone number:

Name _____

Phone _____

Are you zoned for farm animals where you live? Yes No

Please tell us a little bit about why you would like to adopt a horse.

If the horse you adopt can be ridden, do you agree to provide care for the horse for the rest of his/ her life, even after he/she can no longer be ridden? Yes No

If you are approved for adoption, will this be your first horse? Yes No

Are you willing to have the Equine Project Representative do a property and facility check? Yes No

If you adopt a horse from us, what kind of expectations would you have of the horse?

How would you describe your level of experience with horses?

Novice Beginner Intermediate Experienced Professional

Please briefly describe your experience with horses.

Do you currently have a horse(s)? Yes No

If so, how many do you have? _____

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Explain what style or type of training techniques you prefer.

If you have had horses in the past, please tell us what they were used for and why you do not have them now.

How often do you feel a horse should be wormed? _____

How often do you feel a horse's teeth need to be floated? _____

How often do you feel a horse's feet should be done? _____

Do you have a specific breed preference or type? Yes No

If yes, what is it? _____ Preferred age range: _____

If you are interested in adopting a pasture pal, what other animals would the horse be living with? _____

How much do you anticipate spending yearly for feed, veterinary and farrier care, medications, special dietary needs, and board?

Tell us what types of vaccinations a horse should receive in your area, and how often.

Tell us who will be responsible for the horse's:

Feeding:

Age _____ Experience level _____

Training:

Age _____ Experience level _____

General care:

Age _____ Experience level _____

Administering medications

Age _____ Experience level _____

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Will the horse live on your property? Yes No

If yes, what type of fencing do you have? _____

If the horse is to be boarded, how often and for how long will the horse be turned out?

What type of fencing does the facility have? _____

If you are interested in a riding horse, what would you like to use the horse for (e.g., trail riding, dressage)?

How hard and how long would you like to be able to work the horse? _____

What is the approximate age, height, and weight of the person(s) who will be riding the horse?

Rider 1. Name _____ Age _____ Height _____ Weight _____

Experience level _____

Rider 2. Name _____ Age _____ Height _____ Weight _____

Experience level _____

Rider 3. Name _____ Age _____ Height _____ Weight _____

Experience level _____

Rider 4. Name _____ Age _____ Height _____ Weight _____

Experience level _____

Please provide us with your veterinarian's information:

Name _____ Phone _____

Address _____

Please provide three references, people not related to you, who can testify to your ability to provide and care for a horse.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Signature _____ Date _____