



## Equine Adoption Application

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Applicant Experience/Knowledge Summary

1. Is this your first horse?    Yes        No
2. Do you currently own or have you in the past owned any other horses?    Yes    No
  - A. How many horses do you currently own? \_\_\_\_\_
  - B. How many horses have you owned in the past 5 years? \_\_\_\_\_
3. Have you ever surrendered or donated a horse to a rescue?    Yes        No
4. In the past 5 yrs have you had an equine pass on while in your care?    Yes        No

If yes please

explain: \_\_\_\_\_  
\_\_\_\_\_

5. Describe your experience with handling, caring for, riding, and/or training equines:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What is your riding ability?    Beginner        Intermediate        Advanced

7. What is your preferred riding discipline?: \_\_\_\_\_

8. Describe your horses preventative health care & maintenance program:

A. De-worming program:

\_\_\_\_\_



B. Vaccination schedule:

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C. Farrier: \_\_\_\_\_

D. Feed: \_\_\_\_\_

E. Hay: \_\_\_\_\_

**Facility**

1. Will your horse be kept at the address above?    Yes      No

If no :

Facility/Owner Name:

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Address: \_\_\_\_\_

Phone Number:

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2. What kind of fencing will be used?

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3. Will your horse have a shelter in the paddock?    Yes      No

Please explain what type of shelter:

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4. Please describe the barn in which your horse will be stabled:

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**Equine(s) in which you are interested:**

List equine name(s) in which you are interested in adopting

1. \_\_\_\_\_

2. \_\_\_\_\_

What do you plan on using this equine for?

\_\_\_\_\_

Are you willing to take a horse that is a companion only?    Yes    No

Are you willing to take a horse that is not yet broke/trained?    Yes    No

What is your preference?

A. Breed: \_\_\_\_\_

B. Size: \_\_\_\_\_

C. Gender:        Mare        Gelding

D. Age: \_\_\_\_\_

E. Training Level: \_\_\_\_\_

**References:**

Please list (2) personal references not related to you, that have information about your capability to care for, train, and/or ride a horse/equine.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_



**Please list your Veterinarian:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Length of Use: \_\_\_\_\_

**Please list your Farrier:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Length of Use: \_\_\_\_\_

**Background Check:**

The following information is required for a criminal background check. All information will be protected as private and confidential. The background check does not determine whether or not you are approved for equine foster care.

Have you ever been charged with or convicted of animal abuse?      Yes      No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested, convicted, or charged with a felony?      Yes      No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_



**Please read and initial before signing:**

\_\_\_\_\_ I understand that adopting a horse is a very big emotional and financial responsibility. I am sure that I am ready for this responsibility and that I have the knowledge and experience to care for the adopted equine.

\_\_\_\_\_ I understand that Wild at Heart Horse Rescue, Inc. will perform a property inspection before any equines may be moved to said property. I also understand that Wild at Heart Horse Rescue, Inc. has the right to request that changes be made to the property before adoption may take place.

\_\_\_\_\_ I understand that Wild at Heart Horse Rescue, Inc. requires that I make a minimum of four visits to work with my equine before I can adopt it, including general handling, maintenance, training, and riding.

\_\_\_\_\_ I understand that Wild at Heart Horse Rescue, Inc. has the right to refuse any adoption applicant, even if the applicant has been previously approved. I also understand that there is no guarantee that I will be awarded approval for equine adoption.

\_\_\_\_\_ I promise to care for the adopted equine to the absolute best of my ability and that I will not exploit/sell/breed the equine for my own personal or monetary gain. I agree to contact Wild at Heart Horse Rescue, Inc. for return of the equine if I feel that I am unable to care for the adopted equine to the best of my ability or if my personal circumstances change.

\_\_\_\_\_ My signature below signifies that all of that which I have stated above is honest and truthful. I also agree to allow Wild at Heart Horse Rescue, Inc. to use my listed information to perform a background check.

\*The following information is required for a criminal background check. All information will be protected as private and confidential. The background check does not determine whether or not you are approved for equine foster care.

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Applicants Signature

\_\_\_\_\_

Applicants Printed Name



The following is for Wild at Heart Horse Rescue, Inc. use only:

Application Approval:

GRANTED

DENIED

If denied, why? \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Equine for Adoption: \_\_\_\_\_

File Number: \_\_\_\_\_

Date of Adoption: \_\_\_\_\_

Adoption Fee: \_\_\_\_\_