

## ADOPTION APPLICATION—HORSE

Our goal is to find the best home possible for our animals. Please answer the following questions to the best of your ability. This will help us in meeting that goal. Also it will help us in finding you a horse that meets your requirements.

### CONTACT INFORMATION:

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DO YOU OWN OR RENT YOUR HOME? \_\_\_\_\_

IF RENT, LANDLORD'S NAME: \_\_\_\_\_

LANDLORD'S PHONE: \_\_\_\_\_

Please tell us why you would like to adopt a horse from Equine Rescue & Recovery \_\_\_\_

\_\_\_\_\_

If you are approved for adoption, will this be your first horse? \_\_\_\_\_

Are you willing for a ER&RC Committee representative to do a property/facility check? \_\_\_\_\_

If you adopt a horse from ER&RC, what would your expectations of the horse be? \_\_\_\_\_

\_\_\_\_\_

**Please describe your level of experience with horses: Do you consider yourself to be a: Novice \_\_\_ Beginner \_\_\_ Intermediate \_\_\_**

**Experienced \_\_\_ Professional \_\_\_**

**Please briefly describe your experience with horses: \_\_\_\_\_**

**Our goal is to adopt our horses to people who are committed to lifetime care for the horse they adopt. The only way we can continue to help more horses is if we are able to place the horses into these types of homes. We also understand that sometimes things happen that can disrupt the best of plans and/or intentions. So while we will be asking you to agree to return the horse to the Center if circumstances occur where it becomes impossible for you to keep the horse, we also are asking you now to consider very carefully the next question on this form.**

**If the horse you adopt is rideable, do you agree to care for it for the rest of it's life after it can no longer be ridden? \_\_\_\_\_**

**Do you currently have a horse(s)? \_\_\_\_\_**

**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 needs to be floated? \_\_\_\_\_**

**How often do you feel a horse's feet should be done? \_\_\_\_\_**

What is your opinion on shoeing a horse? \_\_\_\_\_  
Do you have a specific breed preference or type? \_\_\_\_\_

If yes, what is it? \_\_\_\_\_ Age range: \_\_\_\_\_

If you are interested in adopting a pasture pal, what other animals  
would it 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. \_\_\_\_\_  
\_\_\_\_\_

Who will be responsible for the horses:

Feeding: \_\_\_\_\_ Age: \_\_\_\_\_ Experience level: \_\_\_\_\_  
Training: \_\_\_\_\_ Age: \_\_\_\_\_ Experience level: \_\_\_\_\_  
General Care: \_\_\_\_\_ Age: \_\_\_\_\_ Experience level: \_\_\_\_\_  
Administering Meds: \_\_\_\_\_ Age: \_\_\_\_\_ Experience level: \_\_\_\_\_

Will the horse live on your property? \_\_\_\_\_ If no, please describe and  
list name, address and phone number of your boarding facility. \_\_\_\_\_  
\_\_\_\_\_

Please describe what type of fencing your facility has: \_\_\_\_\_  
\_\_\_\_\_

How many acres are there: \_\_\_\_\_

If you are interested in a riding horse, what would you like to use the  
horse for (trail riding, dressage, for example)? \_\_\_\_\_  
\_\_\_\_\_

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

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

Name of veterinarian: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

Please provide two references, not related to you who can testify to your ability to provide and care for a horse:

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

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

Information given in this form is correct and true.

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

Please do not forget to include photos or video of where the horse will be living.

Thank You,

Please return to:

Southern Winds Equine Rescue & Recovery Center, Inc

4447- 2 nd Road

Udall ,Kansas 67146

Phone 1 316 858 3233

Cell 1 316 830 0013