



**P O Box 986
Powhatan VA 23139**

**804-338-6506
860-921-6174**

Date: _____

Name of Horse you wish to Foster/Adopt: _____

Name: _____

Address: _____

How long at current address: _____

Previous address if under 5 years: _____

How long at your previous address: _____

Home Phone (if any) _____

Cell Phone: _____

Email Address: _____

Employer: _____

Work Phone #: _____

Do you currently own horses: Yes _____ No _____

If so, how many: _____

Please detail your horse experience: _____

Have you ever adopted a horse from a horse rescue? Yes ____ No _____

If so, please provide the name, address and phone number of the horse rescue: _____

Horse will be kept at following address: _____

Is this a boarding facility: Yes _____ No _____

Who will render day to day care? _____

Please provide two personal references (non related), a farrier and equine vet reference:

Name _____ **Phone #** _____

Name: _____ **Phone #** _____

Farrier: _____ **Phone #** _____

Equine Vet: _____ Phone # _____

Have you ever been investigated by animal control? ____ Yes ____ No

If yes - what county and state? _____

Please explain _____

By signing this application, you are giving Powhatan Equine Rescue League permission to contact all your personal and professional references above. You are also agreeing to a farm check to determine if your property is suitable for the horse if you wish to adopt. As well you are verifying that all answers are true and correct.

Signed _____ Date _____

PERL Use Only

Approved _____ Date: _____

Not Approved _____ Date _____