



Clover RS Horse Rescue Inc
3593 County Road 3461
Jewett, TX 75846
Tax ID 99-1225855
cloverhorserescue.org

EQUINE ADOPTION APPLICATION

APPLICANT INFORMATION

Full Name: _____

Date of Birth: _____

Driver's License No.: _____

Home Address: _____

City/State/Zip: _____

Mailing Address (if different): _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Occupation: _____

Employer: _____

Emergency Contact Name: _____

Relationship: _____

Emergency Contact Phone: _____

PROPERTY / HOUSING INFORMATION

Will the equine be housed at your home?

Yes No

If no, boarding facility/property name:

Address of where equine will be housed:

City/State/Zip: _____

Do you:

- Own the property
- Lease the property
- Board at facility

If leased or boarded, owner/facility manager name and phone:

How long have you been at this location?

How many acres are available for turnout?

Type of fencing (pipe, no-climb, wood, etc.):

Describe shelter available (stall, run-in shed, barn, pasture shelter):

Source of water and how fresh water is provided daily:

Do neighboring properties or your boarding facility house stallions or intact males?

Yes No

If yes, explain how accidental breeding will be prevented:

CURRENT AND PRIOR ANIMAL EXPERIENCE

List all horses and livestock currently owned or previously owned (include age, sex, breed, and what happened if no longer owned):

Have you previously adopted from a rescue?

Yes No

If yes, explain:

Have you ever surrendered, sold, or rehomed an equine?

Yes No

If yes, explain:

Have you ever had an animal seized by animal control or been charged with animal cruelty/neglect?

Yes No

If yes, explain:

CARE REFERENCES

Primary Veterinarian:

Name: _____

Clinic: _____

Phone: _____

Farrier: _____

Name: _____

Phone: _____

Trainer/Instructor (if applicable):

Name: _____

Phone: _____

Boarding Facility Manager (if applicable):

Name: _____

Phone: _____

Applicant authorizes EQUINE RESCUE to contact all references listed above.

Yes

CARE PRACTICES

Describe your feeding program (hay, grain, supplements, pasture access):

Describe hoof care schedule:

Describe parasite control / deworming practices:

Describe vaccination schedule:

Describe dental care schedule:

Who will be financially responsible for the equine?

INTENDED USE

Which equine are you applying to adopt?

Name: _____

Breed/Type: _____

Age (if known): _____

Intended use (companion, light riding, trail, therapy, etc.):

Do you intend to breed this equine?

- No
- Yes

What are your long-term plans for this equine?

AGREEMENTS

Initial each:

_____ I understand EQUINE RESCUE retains ownership of all adopted equines for the equine's lifetime.

_____ I understand the equine may not be sold, leased, transferred, gifted, traded, bred, or euthanized without prior written approval of EQUINE RESCUE.

_____ I understand if I can no longer care for the equine, the equine must be returned to EQUINE RESCUE.

_____ I understand false information may result in denial of adoption or immediate repossession of the equine.

_____ I consent to announced or emergency welfare inspections by EQUINE RESCUE.

CERTIFICATION

I certify that all information provided is true and complete. I understand submission of this application does not guarantee approval.

Applicant Signature: _____

Printed Name: _____

Date: _____