

MOON MOUNTAIN SANCTUARY AND RESCUE

PO BOX 786
MENA, ARKANSAS 71953
424. 381. 5884

info@moonmountainsanctuaryandrescue.com

ADOPTION APPLICATION

THANK YOU FOR YOUR INTEREST IN ADOPTING FROM OUR RESCUE

APPLICANT

NAME: _____ DATE: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Horse(s) interested in adopting from MMSR:

Please answer the following questions fully. Additional sheets may be attached if supplementary information is necessary.

1. Please describe the riding experience of the applicant, including years of riding, date of last riding lesson (if applicable), showing experience, training experience, past or present horse ownership experience:

2. Please give your riding level:

Beginner Intermediate Advanced Advanced Beginner Advanced
Intermediate Trainer

3. Please state whether you currently work with a riding instructor or trainer and provide the name and address of such individual, if applicable:

4. Where will you keep your horse? Including rental property, owned property, boarding facility, or other. Photographs of the field in which the horse will reside and the barn in which the horse will be stabled must be attached. The physical address of the facility or property must also be provided:

5. Please state whether an individual other than the applicant will be responsible, in whole or in part, for expenses incurred during horse ownership. If your answer is in the affirmative, please give the full name, address, and contact information for each such individual:

6. Please describe the type of horse(s) you are seeking so that we can add you to internal search lists for adoptable animals:

Equine age: _____

Equine height: _____

Color preference: _____

Gender: _____

Intended use: _____

Adoption donation range:

7. References:

Please provide the name, current address and telephone number for each of the following references:

a. Equine Specialist (trainer, coach, instructor, knowledgeable acquaintance):

b. Veterinarian:

c. Non-family character reference:

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By signing this form, prospective adopter grants MMSR, its agents and employees, the right to do Internet searches, physical facility visits, check with named references or use other information to determine whether to approve the signor. Once approved, an adopter is added to the MMSR list and may request consideration for adoption of any MMSR equine. Approval does not convey any right to adopt a particular horse.

ADOPTER

SIGNATURE: _____ DATE: _____

Printed name: _____

DOB: _____

Address:

City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

PARENT/GUARDIAN (if minor):

SIGNATURE: _____ DATE: _____

Printed

name: _____

Relationship:

TRUST OR RESCUE REPRESENTATIVE SIGNATURE:

SIGNATURE: _____

DATE: _____

Printed name:

Title:

ADOPTION APPLICATION

EQUINE PROFESSIONAL REFERENCE LETTER

REFERENCE NAME: _____

DATE: _____

Address: _____

City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

How long have you worked with or known the applicant?

If you have not previously worked with the applicant's animals, after speaking with the applicant do you agree to work with any equine he/she may adopt from MMSR? Please explain your answer.

Please describe the work you have done for the applicant's animals.

Describe your impression of the care and condition of the animals the applicant currently owns.

Do you think the applicant would make a good adoptive home for a horse from MMSR? Why or why not?
