



ADOPTION APPLICATION

NAME: _____
(Must be at least 18 years old)

ADDRESS: _____
(If Route, include actual street name and address)

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #: _____ CELL PHONE: _____

WORK PHONE #: _____ OCCUPATION: _____

EMAIL ADDRESS: _____ FAX: _____

HORSE PREFERENCES

What type of horse are you specifically interested in?

Age: _____ Breed: _____ Height: _____

Range of training? _____

Other Specifications (Gelding? / Mare?) _____

APPLICANT INFORMATION

- Briefly describe your riding experience? _____

- How will you use your horse? _____

- On an average how many days per week will this horse be ridden? _____
- Have you ever owned a horse before? ____ Yes ____ No
- If no, have you even been responsible for another's horse, and if so for how long and under what circumstances?

- If yes, do you still have the horse(s) ____ Yes ____ No
- List horses you now have, their names, ages and uses: _____

STABLING INFORMATION

This horse will be stabled at: ___ Boarding Facility ___ My Residence ___ Property other than residence

Name of facility: _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Name of Contact Person: _____

Name of Vet _____ Phone # _____

Name of Farrier: _____ Phone # _____

1. Is there a shade structure? ___ Yes ___ No Describe: _____

2. Type of shelter: Barn size: _____ Box Stall Size: _____ Run In Shed: _____

3. Please indicate the size of the turnout area: _____

4. How long will your horse be turned out each day? _____

APPLICANT REFERENCES:

Name of your present horse veterinarian: _____

Phone #: _____ How long have you used this vet? _____

Name of your present small animal veterinarian: _____

Phone #: _____ How long have you used this vet? _____

Name of your present farrier: _____

Phone #: _____ How long have you used this farrier? _____

Name of your trainer (if applicable): _____

Phone #: _____ How long have you used this trainer? _____

NAME OF 3 PERSONAL REFERENCES

1. _____

Phone #: _____ How long have you known this person? _____

In what capacity? _____

2. _____

Phone #: _____ How long have you known this person? _____

In what capacity? _____

3. _____

Phone #: _____ How long have you known this person? _____

In what capacity? _____

Please remit to:

Triple R Horse Rescue
P.O. Box 4925, Cave Creek, AZ 85327
(623) 234-0510 www.TripleRHorseRescue.com