

Broken Road Horse Rescue Adoption/Foster Application

501©3

Date _____

Applicant (s):

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Do you: Rent? _____ Own? _____

Landlord 's name:

Landlord 's Phone:

1. What type of horse are you looking for? Breed(s):

_____ Age: _____ Sex: _____ Size: _____ Color: _____

2. Range of Training:

3. What will the horse be used for? (Please circle all that apply) Barrel Racing Dressage Hunter/
Jumper Saddle seat Western Pleasure Companion Driving Packing/Outfitting Stock/Ranch
Work 4-H/Pony Club Cutting Endurance Reining Trail Riding Other _____

4. Is there a particular horse that you are interested in?

5. Would you be willing to adopt/foster a horse with limitations or disabilities (i.e. lameness, injury? Etc.)? Yes _____ No _____ Please describe what you would/would not accept: (Please be aware that many of the horses at BRHR are NOT perfect. Please be specific in your descriptions.)

6. Will the horse be kept on your property? Yes _____ No _____ If yes describe the area and type of shelter provided (or send pictures):

If no list the address and descriptions of boarding facilities:

7. Do you currently own horses? Yes _____ No _____ If yes please describe briefly what breed and how many:

8. Are there other animals staying on the property? Yes _____ No _____ If yes how many? _____ Please list any other horses that would be sharing a common area:

9. Is a pasture available? Yes _____ No _____ How many acres? _____

10. What type of fencing do you have? Type: _____

11. Have you ever been issued a warning/citation for Humane Violations against animals? Yes _____ No _____ If yes, explain:

Briefly describe your level of experience in the following areas:

Riding:

Handling:

Training:

Working with unbroke horses:

Please tell us why you would like to adopt a horse?

If you own an animal now, who is:

Your veterinarian? Name _____ Phone _____

Your Farrier? Name _____ Phone _____

If you do not, who will be:

Your veterinarian? Name _____ Phone _____

Your Farrier? Name _____ Phone _____

_____ Date: _____

Consent waiver signature

I/We certify that all the information contained herein is true and correct.

Signature Date

Signature Date