

**Iowa Equine Rescue and Awareness League**  
PO Box 8726, Cedar Rapids, IA 52408-8726  
www.iaeral.org or email: ieraladoption@gmail.com  
(Please be aware that you must be 18 or older to apply)

**Visits to our horses are required before adoption is completed!**

**Adoption Application**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Spouse: \_\_\_\_\_ Your Age: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address (if different from above): \_\_\_\_\_  
City: \_\_\_\_\_ County \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

At IERAL, horses are of first importance to our volunteers. It is our goal to place each horse in the most appropriate home. The information you provide on the following application will help us determine your compatibility to the animal(s) requested, or provide insight on a more suitable animal. Therefore, please be sure to fully complete each section of the application. Incorrect information could result in a delay in processing your application. Applicants must submit a non-refundable \$10.00 IERAL Application Fee. Applications are considered time sensitive, and review begins when received on a "first come, first serve" basis. Incomplete applications will not be considered. References and facilities will be checked.

Horses Applying For:

\_\_\_\_\_ Donation Fee: \_\_\_\_\_  
\_\_\_\_\_ Donation Fee: \_\_\_\_\_

Intended Use:

\_\_\_\_\_

**WAIVER OF LIABILITY**

I, \_\_\_\_\_ (Applicant's Printed Name) understand that Iowa Equine Rescue and Awareness League and its representatives are not liable for misrepresented horses. I understand that all of the information available regarding any particular horse is based solely on data provided by former owners, trainers, veterinarians, IERAL foster providers, IERAL trainers and IERAL volunteers.

Iowa Equine Rescue and Awareness League does all it can to ensure the health of the horses adopted through us. However, Iowa Equine Rescue and Awareness League is not responsible for any health issues present in, or incurred by these horses. The applicant agrees not to hold Iowa Equine Rescue and Awareness League liable for any costs incurred as a result of any health-related or accident related problems with said horse.

Additionally, Applicant understands that IERAL makes no warranties (express or implied) or representations as to the health, fitness, demeanor or well being of equine. Applicant agrees and understands that upon taking custody of equine, Applicant assumes any and all risk associated with the equine's physical condition, including but not limited to, sickness or death of the equine. Additionally, Applicant assumes all risk and consequences in the event equine should bite, kick, buck, injure or cause the death of any person or animal, or cause damage to property after being released into Applicant's custody.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 1: Facilities and Daily Care**

Location of Adoption Site:

\_\_\_\_\_

Is this a (stable) or (professional facility) or (private/residential site)? (please circle one)

Please check the following if available at this site:

\_\_\_ Box Stall \_\_\_ Run-In Barn \_\_\_ Pasture Shelter \_\_\_ Dry Lot (Size) \_\_\_\_\_ Pasture (Size) \_\_\_\_\_

Shade Trees \_\_\_ Wind Break \_\_\_ Water Source (Type) \_\_\_\_\_ Fencing (type) \_\_\_\_\_

*If this is a Boarding Facility, please provide the following additional information:*

Name of Facility: \_\_\_\_\_

Business Address: \_\_\_\_\_

Owner or Manager's Name: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

*PLEASE NOTE:* Facility will be contacted to make sure they are aware of the needs of a rescued horse and have adequate facilities.

Party Responsible for Daily Care of Horse: \_\_\_\_\_

Back-up Care Provider: \_\_\_\_\_

Hay Source: \_\_\_\_\_ Phone: \_\_\_\_\_ Feed Store: \_\_\_\_\_ Phone: \_\_\_\_\_

**Facilities Inspection Consent Waiver**

I have received, read and agree to follow the IERAL Adoption Inspection Guidelines as they pertain to the general care expectations and facility requirements of adoption applicants. I hereby authorize IERAL to send a representative to physically inspect my pending site and agree that my adoption application will not be approved without said inspection.

Adoption Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

## Section 2: References and Resources

### Professional Resources:

Vet's Name:
Address:
Phone Number:
Best time to call:

Farrier's Name:
Address:
Phone Number:
Best time to call:

Trainer or Instructor's Name:
Address:
Phone Number:
Best time to call:

### Personal References: *(Note that these may not be family members)*

Name:	
Address:	
Phone Number:	
Best time to call:	Years Acquainted:

Name:	
Address:	
Phone Number:	
Best time to call:	Years Acquainted:

Name:	
Address:	
Phone Number:	
Best time to call:	Years Acquainted:

## Section 3: Adopter Experience

In order to place each horse in the most suitable home, we need to determine your level of equine experience and capability to provide for the horses needs. Please answer the following and explain:

How much are you planning to financially contribute to the care of this animal on an annual basis?

How many years experience with equines do you have? \_\_\_\_ If so, what? \_\_\_\_\_

How many animals do you currently own? \_\_\_\_ If so, what? \_\_\_\_\_

Have you ever adopted an animal from a Humane Society, rescue agency, or other animal adoption organization? \_\_\_\_  
If so which, and what species? \_\_\_\_\_

In the past 5 years, have you had any animals pass on? If so, why? \_\_\_\_\_

*Thank you for taking the time to fully complete this adoption questionnaire!*

This Section Reserved for IERAL Office Use Only! Date: _____ Initials: _____ Fee: _____ Vet: _____ Farrier: _____ Trainer: _____ Humane: _____ Sheriff: _____ Ref #1: _____ Ref #2: _____ Ref #3: _____ Hay/Feed: _____ Boarding? Y / N Site Check: _____ Date: _____ Pass /Fail: _____ Code Signed: _____ Waiver Signed: _____ Visit #1: _____ Visit #2: _____ Animal(s) Approved: _____ IERAL Approval By: _____
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