



## **Adoption Application**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w)

E-mail \_\_\_\_\_

### **Background and Experience**

1. If you currently own horses, please list them and where they live.
  
  
  
  
  
  
  
  
  
  
2. If you previously owned a horse please provide the duration you had the horse for and where you boarded the horse.
  
  
  
  
  
  
  
  
  
  
3. What type of riding are you interested in? Or are you looking for a pasture pet/companion?
  
  
  
  
  
  
  
  
  
  
4. What is your level of experience with horses?  
Beginner \_\_\_ Intermediate \_\_\_ Advanced \_\_\_  
Please describe your experience in detail.

5.If rideable will the horse be primarily for yourself or other family members as well? If so, please provide their ages and level of experience.

6.If you will keep your horse at home, have you kept a horse at this location before?

### **Shelter**

1.Please provide the name,address and contact information for the facility you will board the horse at.

2. If your horse will primarily be in a stall, what are the stall dimensions and is daily turnout provided? Please describe the turnout area (size), number of horses sharing the area, type of fencing, flat or hilly, etc.

3.If your horse will primarily be in a pasture, what type of shelter is provided? What type of fencing encloses the pasture? What is the acreage of the pasture? How many horses share the pasture?

## **Nutrition**

1. How many times per day will the horse be fed?
2. What will the feed consist of?
3. Will pastured horses be separated at feeding times? How will this be accomplished?
4. Will the horse have access to a constant clean water source? Please describe.

## **Maintenance**

1. Which vaccinations will your vet administer? And at what frequency?
2. Please describe your worming program.
3. How often will you have your horses teeth floated?
4. How often will your horse's feet be trimmed?
5. Who do you plan to use as your equine veterinarian and farrier?  
Name:  
  
Phone:

Name:

Phone:

6. Do you have a trainer/riding instructor?

Name:

Phone:

Email:

7. Please provide two references (other than family members) who can verify your ability to provide proper care for the horse,

Name:

Name:

Phone:

Phone:

Email:

Email:

ALL APPLICATIONS ARE REVIEWED BY THE BOARD OF DIRECTORS. ALL FINAL DECISIONS ON ADOPTIVE HOMES ARE VOTED ON BY THE BOARD OF DIRECTORS.

By signing this Adoption Application, I declare that I am 18 years of age or older and that all of the information that I have submitted to be the truth, to the best of my knowledge, and if found to be fraudulent, that I will be denied approval of adoption, and I could be held liable for any damages incurred by Paradise Dreams Animal Sanctuary. I, the Adopter, agree that Paradise Dreams Animal Sanctuary has my permission to contact anyone named in this application, as well as to conduct a general background and criminal check on myself and my spouse, if any. I understand that I will be notified within seven (7) days if my application has been approved and at that time, a site visit will be scheduled. **An application does not become fully approved until a site visit has been conducted by a Paradise Dreams Animal Sanctuary representative and the site is found to conform with Paradise Dreams Animal Sanctuary's guidelines for safe horsekeeping**

Signature of Adopter

Date

