



MEDICINE HORSE PROJECT ADOPTION APPLICATION

Name of Applicant: _____

Email: _____

Horse you are interested in adopting: _____

Donation: \$ _____

Address: _____

How long at this residence? _____

Rent or Own: _____

Phone: _____

Employer: _____

Employers Address: _____

Annual Income: \$ _____

Will your horse be kept on your property? _____

If yes, describe area and shelter provided: _____

If no, address and description of boarding facility: _____

Trainer/Stable Manager Phone: _____

Do you currently or have you ever owned a horse? If yes, please describe. _____

If horse is no longer with you, please explain: _____

What is the height and weight of the rider? _____

Experience Level Riding: Novice Intermediate Advanced Expert

Experience Level Handling: Novice Intermediate Advanced Expert

Experience Level Training: Novice Intermediate Advanced Expert

Who will ride the adopted horse? _____

Who will be responsible for feeding your horse? _____

Who will train your horse? _____

Who will be responsible for general care? _____

How much do you anticipate spending annually for feed? \$ _____

How much for medical care? \$ _____

How often will you de-worm your horse? _____

How often will the hooves be trimmed? _____

How often will you have teeth floated? _____

How often will you have your horse vaccinated? _____

Name of your Veterinarian: _____

Name of Farrier: _____

What age do you expect your horse to live? _____

Are you prepared to provide lifetime care for your adopted horse? _____

What will you do if your horse becomes lame or unrideable? _____

Why do you want to adopt a rescued horse? _____

Please provide three references, name and telephone numbers: _____

I AGREE TO: Leave a non-refundable deposit of \$100 which will be applied to the adoption donation. I will sign a legally binding adoption agreement prior to taking possession of adopted horse. I certify THAT ALL OF THE ABOVE CONTAINED HEREIN IS TRU AND CORRECT.

E-signature: _____

Date: _____