



## Adoption Application

**Adoptee Applicant's Full Name:**

\_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Property location where animal will be kept: \_\_\_\_\_

**Vet Reference:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Farrier Reference:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please List Two Personal References:**

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Questions: (Must Be Answered)**

How many equines do you currently own? \_\_\_\_\_

How often do you deworm your equine? \_\_\_\_\_

How often do you feel you have to have equine teeth floated? \_\_\_\_\_

How often do you have your equine seen by a farrier? \_\_\_\_\_

How often do you have your equine seen by a vet? \_\_\_\_\_

Do you think equines should be vaccinated? \_\_\_\_\_

Is your equine up to date on vaccinations? \_\_\_\_\_

What type of shelter will the equine have? \_\_\_\_\_

**Please provide pictures of the property and shelter with the return of this application.**