10. Are you planning to work with a trainer? Y N If yes, please provide trainer’s name & contact information

11. What are your intended plans for this equine? Check all that apply.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Activity | √ ifyes | Activity | √ ifyes | Activity | √ ifyes |
| 4-H  |  | barrel racing  |  | companion animal |  |
| competitive showing |  | dressage |  | driving |  |
| endurance |  | groundwork activities  |  | hunter |  |
| jumper |  | lesson program |  | racing |  |
| roping |  | team penning |  | therapeutic program |  |
| trail riding |  | other: |  | other: |  |

12. What type of horse are you most interested in? Circle which trait of the pair you prefer:

 low spirit/high spirit less go/more go submissive/dominant shy/outgoing obedient/challenging

13. Are you applying for a specific equine? Y N If yes, which one?

14. Are you willing to adopt an equine that may have limitations on its activity? Y N

15. Are you willing to adopt an equine that has special needs? Y N

16. Where will this equine be kept? Your property/Boarding facility If a boarding facility, provide name and contact information

17. What conditions will exist in your equine’s environment? Check all that apply.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Feature | √ if yes | Feature | √ if yes | Feature | √ if yes |
| loafing shed |  | stall |  | pasture |  |
| turnout |  | paddock |  | other: |  |

 What type of fencing does the property have?

18. Which of the following are you willing to provide?

|  |  |  |  |
| --- | --- | --- | --- |
| Item | √ if yes | Item | √ if yes |
| basic farrier care |  | rotational deworming |  |
| specialized farrier care |  | strategic deworming |  |
| basic veterinary care |  | hay |  |
| specialized veterinary care |  | grain |  |
| holistic care  |  | senior (complete) feed  |  |
| massage  |  | supplements |  |
| chiropractic care |  | other (describe) |  |

19. Have you or any member of your family/household been issued a warning/citation or been convicted of any

 crime, including animal cruelty, neglect or other humane violations? Y N If yes, please explain on back.

20. Have you ever sold an equine to auction? Y N If yes, please explain on back.

 Please provide the following:

|  |  |
| --- | --- |
| **Individual** | **Contact Information** |
| Veterinarian/Veterinary Clinic |  |
| Farrier |  |
| Personal Reference #1 (not a relative) |  |
| Personal Reference #2 (not a relative) |  |

OFFICE USE ONLY

Interviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Farm visit by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adoption Status: Approved Denied

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I certify the information on the application is true and correct. I give SHEREC, its officers and agents, permission to verify all the information contained therein.

You must agree to these conditions prior to the adoption becoming final, and your signature below is proof of such agreement.

**In submitting this form you understand and agree to the following:**

1. If the equine came to us with registration papers, we retain the papers to help insure the safety and well-being of the equine. *Exceptions may be made for special circumstances.*
2. SHEREC retains the right to unilaterally seize the equine upon our determination that said equine is not being properly care for, including neglect, physical, mental or emotional abuse.
3. If, for any reason, you are unable to continue possession of the equine, it must be returned directly to SHEREC. No refunds will be given either for the adoption fee or any expenses incurred after adoption.
4. You may not breed, sell, give away, lease, dispose of or transfer this equine. You are also responsible for providing veterinary care in the event of illness, injury or accident.



4107 N. Rivers Edge Drive

Janesville, WI 53548

SpiritHorseEquineRescue.org

For the purpose of this document, Spirit Horse Equine Rescue & Education Center will be known as SHEREC

ADOPTION APPLICATION

Full Name

Address

Phone Number Email

1. Are you over 21? Y N If no, what is your age?

2. Have you owned an equine before? Y N If yes, when and how many?

3. Please rate your comfort/confidence/competence level with equines in each area.

 0 = no experience in that area 1 = some c/c/c with well-trained equines 2 = moderate c/c/c with well-trained equines

 3 = moderate c/c/c with most equines 4 = significant c/c/c with most equines 5 = significant c/c/c with challenging equines

 On the ground on line 0 1 2 3 4 5

 On the ground at liberty 0 1 2 3 4 5

 In the saddle walk, trot 0 1 2 3 4 5

 In the saddle, canter 0 1 2 3 4 5

 Driving 0 1 2 3 4 5

4. Do you own any animals other than equines? Y N If yes, what kind?

5. Have you ever adopted an equine from a rescue? Y N If yes, which organization?

 If yes, do you still have that equine? Y N If no, why not?

6. Who will be responsible for the care and feeding of your equine?

7. Who will be the primary handler/rider?

8. Are you willing to participate in Natural Horsemanship Clinics/Lessons? Y N

9. What practices do you employ when an equine exhibits unwanted behavior? (for example: a horse tries to bite you,

 pushes into your space, or bucks while riding)

Our dual mission includes the rescue or unwanted equines and education in methods of Natural Horsemanship

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