



Adoption Application

Thank you for your interest in adopting a rescued horse. This application is thorough and information will be validated. Please complete all fields. Horses At Heart's intention is to ensure that the potential match is the perfect one for both the horse and adopter. Additionally, be sure to notify your current veterinarian and farrier authorizing them to release any and all information to a Horses At Heart representative.

Date of Application: _____

Name of Horse(s) you are applying for: _____
 If this horse is no longer available, would you consider adopting a different horse? Yes No
 If yes, what type of horse are you interested in? (include age range, breed preference, height, training considerations, etc.): _____

Why are you interested in adopting a rescue horse? _____

Are you willing to consider a horse with limitations or medical needs? Yes No

Comments: _____

Have you, or anyone in your immediate family ever been arrested, charged or found guilty of any crime involving animals? Yes No
 Do you have any mental or physical limitations which may limit or could limit in the future your ability to care for a horse for its lifetime? Yes No If yes, please describe: _____

Do you anticipate any major life changes in the next 10-20 years which could limit your ability to keep a horse for its lifetime? (e.g. moving across country or overseas, retirement, having children, income changes due to college expenses, etc.)? Yes No

Purpose of Adopted Horse

I would like a horse for (Check all that apply).

- | | | | | | |
|----------------------|--------------------------|------------------------|--------------------------|---------------------|--------------------------|
| Trail..... | <input type="checkbox"/> | Western Pleasure..... | <input type="checkbox"/> | Endurance..... | <input type="checkbox"/> |
| Pleasure Riding..... | <input type="checkbox"/> | English Pleasure | <input type="checkbox"/> | Gaming | <input type="checkbox"/> |
| 4-H/FFA | <input type="checkbox"/> | Hunter | <input type="checkbox"/> | Reining..... | <input type="checkbox"/> |
| Lead Line | <input type="checkbox"/> | Dressage..... | <input type="checkbox"/> | Eventing | <input type="checkbox"/> |
| Pony Club | <input type="checkbox"/> | Jumping | <input type="checkbox"/> | Companion/Pet | <input type="checkbox"/> |
| Therapy/Rehab | <input type="checkbox"/> | Driving..... | <input type="checkbox"/> | Lesson Horse | <input type="checkbox"/> |

Other (please describe): _____

Personal Information

Name: _____

Day Phone: _____

Address: _____

Cell Phone: _____

City, State, Zip Code: _____

Other Phone: _____

E-mail Address: _____

Which number do you prefer we use? _____

Best time of day to contact you? _____

Occupation: _____

Length of Employment: _____

Annual Household Income: _____

Do you have the financial capability to care for a horse? (Please take into account veterinary expenses, farrier visits, tack, unexpected emergencies, etc.) Yes No

Personal References

Please provide three (3) personal references, only one of whom may be a family member. Please provide references who can speak towards your horse experience. Providing this information authorizes Horses At Heart to contact these references and obtain your personal information.

1) Name: _____

Relationship: _____

Phone: _____

2) Name: _____

Relationship: _____

Phone: _____

3) Name: _____

Relationship: _____

Phone: _____

Professional References

Please provide the name, and contact information, of the veterinarian whom you will use for your rescue horse(s):

Name: _____

Phone: _____

Additional Information: _____

Please provide the name, and contact information, of the farrier whom you will use for your rescue horse(s):

Name: _____

Phone: _____

Additional Information: _____

Please provide the name, and contact information, of the trainer whom you will use for you and your rescue horse(s) (Optional, however required for first-time horse owners):

Name: _____

Phone: _____

Additional Information: _____

General Horse Information

Do you currently own any horses? Yes No

If yes, please describe (age, breed, sex):

Horse 1: _____

Horse 2: _____

Horse 3: _____

(attach a separate sheet of paper if you currently own more than THREE horses)

If no, have you previously owned a horse(s)? Yes No If you have previously owned a horse(s), indicate whether the horse(s) was sold, given away, or died (list age/cause of death):

(attach a separate sheet of paper if more space is needed)

If you are currently a horse owner, please fill in the following:

Date of the most recent veterinary care? _____

Date of last vaccinations and types for currently owned horses: _____

How often do you vaccinate? _____

Date of last dental float or other dental work: _____

How often do you have your horses' teeth floated? _____

Date of last worming for currently owned horses: _____

How often do you worm? _____

Date of last farrier visit for currently owned horses: _____

How often do you trim/shoe? _____

Describe your experience with horses (length of time, training received, etc): _____

Briefly describe your training philosophy: _____

Facility Information

A site check will be performed prior to the adoption of any horse. Please fill out the next sections as thoroughly as possible. Also, digital pictures are requested if available and can help expedite the adoption process. Please note we require the facility to have adequate shelter and safe fencing in good repair. We do not adopt out to homes with barbed wire fencing under any circumstances.

Number of acres in pasture/turnout: _____ Number of horses currently on property: _____

Available shelter (please describe): _____

Type of fencing (wood rail, field fencing, PVC, electric wire/tape): _____

If you have T-posts, are they capped? Yes No _____

Where will the horse primarily be kept (pasture, stall, paddock?): _____

If turnout is limited, how many hours of turnout a day will the horse receive? _____

Do you have a winter mud management plan in place? Yes No If so, please describe: _____

Describe your feeding program (include types of feed, frequency of feedings, whether horses are fed individually or in a herd, etc.): _____

Do you own the property where your horse will be kept? Yes No If yes, how long? _____

Property Address: _____ Additional Information: _____

Do you rent the property where your horse will be living? Yes No

If yes, please fill in the following:

How long have you been renting this property? _____

Do you have permission from the landlord to keep horses? Yes No

Note: It will be necessary to provide Horses At Heart a written permission letter from the land owner to access property at time of adoption.

Landlord's Name: _____ Contact phone number: _____

Mailing Address: _____ Additional Phone Number: _____

Additional Information: _____

Will your horse be boarded at an outside facility? Yes No If yes, please fill in the following:

Name of Stable: _____ Owner's Name: _____

Address of Stable: _____ Owner's Phone Number: _____

Additional Phone Number: _____

Are you currently or have you previously been a boarder at this facility? Yes No

Will you be paying for full-care, partial-care, or self-care board? _____

As a reminder Horses At Heart is looking for permanent and lifelong homes for our rescued horses. Typically, horses that are cared for appropriately can live on an average to be 25 to 35 years of age, some longer.

All adoptions are based on a first come, first served basis and are dependent on all requirements being met. Horses At Heart reserves the right to disapprove any applicant for any reason, and is not obligated to share those reasons. Upon positive review of your Adoption Application, Horses At

Heart will contact you to set up a time for you to meet the horse(s) you are interested in. If, after meeting the horse(s), you wish to proceed with the adoption and Horses At Heart determines that you are a good match for the horse in question, we will proceed with a site visit and reference checks. Upon approval of your application, you will sign and return the Adoption Contract, along with applicable adoption fee(s), and arrange transport of your horse(s) to their new home.

I have read and understand the Adoption Policies document provided to you by Horses At Heart and I hereby certify that the information contained in this Adoption Application is true and complete.

Signature of Applicant

Date

For faster processing, you can scan a signed version of this application and e-mail it back to us at adoptahorse@horsesatheart.org, followed by the original signed paper copy by mail.

Please mail applications to:
Horses At Heart
424 W. Bakerview Road, Suite 105-241
Bellingham, WA 98226