

CROSSWINDS EQUINE RESQUE, Inc.

HORSE ADOPTION APPLICATION

1. NAME: _____
2. AGE: _____
3. ADDRESS: _____

CITY/STATE: _____ ZIP: _____
4. HOME PHONE: (____) _____ - _____
WORK PHONE: (____) _____ - _____

APPLICANT RIDING EXPERIENCE:

5. Height and weight of the person/people who will be riding:
a. ____ft. ____lbs.
b. ____ft. ____lbs.
6. Is this person: ____an experienced rider; ____somewhat experienced;
____limited in experience; ____an inexperienced rider?
7. Use of the horse:
____trails/pleasure ____youth
____shows ____companion
____handicap program ____other/explain:

8. If you plan to use the help of a trainer or friend please provide their name and telephone # / email:

RESPONSIBILITY FOR CARE:

9. Have you ever been responsible for the care of a horse or pony before? YES NO
If so, how long ago and under what circumstances?

10. Please list any other animals you now have, the type & their names:

11. Will the horse be boarded on your property? YES NO If not, please provide the name, address and phone number /email where you will board:

12. Describe the shelter the horse will have (3-sided shelters with free pasture access is preferable for nearly all adoptive horses):

13. What type of fencing encloses the turnout area? (Please include size of turnout)

14. How long will the horse be turned out each day?

15. Specifically, who will be responsible for daily care?

- a. Is this person: ____experienced; ____somewhat experienced; ____inexperienced in the care of horses?
b. If care is to be provided by persons who are not adults, please list their names, ages, and the name of the person who will be supervising them:

16. Do/will you provide clean water for your horses 24 hours per day? YES NO (if no, explain)

17. Do you agree with/accept the worming/vet care/farrier schedule outlined in our contract? YES NO (if no, explain variances requested.)

CROSSWINDS EQUINE RESCUE, Inc.

HORSE ADOPTION APPLICATION

APPLICANT REFERENCES (please do not use immediate family members.)

1. Name of your horse/boarding barn vet:
 - a. Address: _____
 - b. Telephone: _____
 - c. How long have you used this vet? _____

2. Personal Farrier Reference:
 - a. Address: _____
 - b. Ph/Email: _____
 - c. How long have you used this farrier? _____

3. Horse experience reference:
(instructor, riding partner, stable owner)
 - a. Address: _____
 - b. Telephone: _____ Email: _____
 - c. How long have known this person? _____
 - d. Describe your horse background with this person: _____

4. Personal Reference:
 - a. Address: _____
 - b. Telephone: _____ Email: _____
 - c. How long have known this person? _____

Crosswinds Equine Rescue, Inc. would appreciate receiving pictures of the shelter and turnout area where you intend to board the horse. We would also appreciate pictures of any animals you own now. Paper pictures will be returned promptly if you include a self-addressed envelope.

Thank you for your interest!

NOTE: According to the law, you are responsible for providing the proper care and ongoing maintenance of the horse. This includes providing appropriate year round shelter, free access to water, proper feed, inoculations, dental care, hoof care and worming. You are also responsible for providing veterinary care as necessary in the event of illness or accident.

Signature of applicant or person responsible for the horse's care, verifying all information provided herein is true and accurate to the best of your knowledge:

DATE: _____/_____/20____