

ADOPTION APPLICATION

Name: Date of birth:
Address:
Town: State: Zip:
Home Phone : Other Phone :
Email: Fax : If Available If Available

PREFERENCES (Please check one of the following:)

GENDER: Gelding Mare No Preference_

AGE OF HORSE: No Preference_

COLOR : No Preference_

SIZE: 14 - 15 hands 15 - 16 hands _ 16+ hands ____ No Preference_

BONE STRUCTURE: Small Medium ___ Large ___ No Preference_

APPLICANT RIDING EXPERIENCE

Height and weight of the person who will be riding: Ft. Lbs.

What is your level of experience? Very Experienced Experienced

Somewhat Experienced Limited Inexperienced

Approximately how many times in the last year have you ridden a horse?

Use of the horse:

Have you ever been responsible for the care of a horse or pony before?

If so, how long and under what circumstances?

Will the horse be boarded on your property? If no, please provide the name, address and phone number where the horse will be stabling.

What shelter will the horse have?

How long will the horse be turned out? Size of the paddock?

What type of fencing encloses the turnout area?

Who will be responsible for daily care and what is their experience level?

If care is to be provided by persons who are not adults, please list their names, ages, and the name of who will be supervising them?

Do you currently own other animals? Yes No

If Yes, please list them here (breed, age, how long owned):

Will the adopted equine have a companion animal(s)? Yes No_

Type of animal(s)?

REFERENCES: (We cannot adopt a horse without a reference check. Thank you for supplying accurate information)

Hillside S.P.C.A. requires a veterinarian reference that is familiar with your animals, a personal reference and a farrier reference. Hillside S.P.C.A. also requires pictures of your shelter, turn out area and fencing.

Veterinarian name: Years associated:

Address: Phone :

Farrier name: Years associated:

Address: Phone :

Personal Reference: Years associated:

Address: Phone :

To aid us in finding your ideal equine companion, we need to learn what you believe the ideal companion is for you. How do you feel this program can benefit you in obtaining your goals in locating this animal?

Comments:

I understand, according to the law, I will be responsible for providing the proper care and ongoing maintenance of the horse. This includes, but not limited to, providing appropriate year round shelter, free access to water, proper feed, inoculations, dental care, hoof care and worming. I will be

responsible for providing veterinary care as necessary in the event of illness or accident.

Signature: Date:

Signature of Parent or Guardian (If under 18):

****Please Note: Your donation at the time of placement is NON-REFUNDABLE.**

When you have completed your application and reviewed your placement agreement completely, please forward your application to:

**Denise Turkavage
PO BOX 85
Lost Creek, PA 17946**

[For Placement Coordinator Use Only]

Horse Adopted: Date:

NON-REFUNDABLE DONATION: Cash Check

Placement Coordinator:

EQUINE MANAGEMENT QUESTIONNAIRE

Please complete this equine management questionnaire form which will enable us to better evaluate your knowledge and understanding of all that is involved in caring for an equine, to include general health care issues, farrier and dental care, and feed/maintenance.

Hillside S.P.C.A., will be happy to act as your personal facilitator in any areas which may require additional education.

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- How often should a horse be dewormed?
 - How often should a horse's feet be trimmed?
 - What are the signs of colic?
 - How many times minimum should a horse be fed grain daily?
 - How often should a horse's feet be picked clean?
 - How long should a horse be turned out daily?
 - Why is it important for a horse to be turned out?
 - What kind of weather conditions would warrant a horse being kept in a stall?
 - How much hay should be fed daily at minimum if the horse is not fed on grass?
 - Why is it important not to feed hay that is moldy, dusty or smells bad?
- How often should a horse receive dental care?