

EQUINE ADOPTION APPLICATION TERMS AND CONDITIONS

Thank you for your interest in adopting a rescued mini equine (horse or donkey)! We want to ensure that this potential match is the perfect one for both the equine and the adopter. This application is thorough and the information will be validated. Please complete all the questions, as incomplete applications will take considerably more time to process.

Please be sure to notify your references (especially your vet and farrier) that a HOME representative will be calling and to authorize them to release information to us.

Keep in mind that we are looking for permanent, lifelong homes for our rescued equines. Typically, equines that are cared for properly can live to be 35–40 years of age for mini horses and 45–50 years of age for mini donkeys. *Some* mini donkeys can be driven and *some* mini horses can be driven or ridden.

We believe in maintaining pair bonds, so in general we expect our horses and donkeys to be adopted in pairs. *Bonded pairs are not to be separated after adoption*. However, if you already have a mini donkey or horse, we can discuss what makes the most sense for both you and the equines.

If there are multiple applicants for an equine, adoption will be based on the "best fit" home. HOME reserves the right to disapprove any applicant for any reason and we are not obligated to share those reasons. Upon review of your application, we will contact you to set up a time for you to come meet the equine you are interested in. If after meeting the equine (s), you wish to proceed with the adoption and HOME also agrees that you are a good match, we will proceed to set up the site visit and make reference checks.

Upon approval of your application you will sign and return the Adoption Agreement contract along with applicable adoption fee(s), and arrange for transport of your equine to their new home.

Please be aware that until you have signed the Adoption Agreement, paid the adoption fee(s), and transported the equine to your property, the equine(s) will still be considered available for adoption. We will continue to accept Adoption Applications for those equine(s) up until the point that the adoption is complete. We cannot "hold" equines, even when an application is in process and we do not work on a first-come, first-served basis. In the case of multiple applicants, we will choose the adopter we feel is best suited for the equine.



EQUINE ADOPTION APPLICATION

You must be 21 years or older to submit an application and you must provide all references upon request.

Name	of the mini equine you are interested in adopting (if decided):
Donke	y □ Horse □
Email	address:
Full le	gal name:
Addre	ss:
Phone	:
Best ti	me of day and time to contact you:
Are yo	u looking for an equine for yourself or someone else? Myself Someone else
Will th	te equine be living at a boarding facility or elsewhere and not at the address above? \Box Yes \Box No
If yes,	what is the name of the facility or address where they will live?
BACK	GROUND QUESTIONS
1.	Your occupation: Retired: \square
2.	Length of employment:
3.	Annual household income:
4.	Can you financially support an equine? Taking into account vet care, farrier, board and training
	(if applicable.): \square Yes \square No
5.	Do you anticipate any major lifestyle changes such as moving out of state, retirement, children,
	etc., which could limit your ability to keep an equine for its lifetime? \square Yes \square No
6.	Do you have any mental or physical limitations which could limit your future ability to care for
	an equine for its lifetime? \square Yes \square No
7.	How many acres do you have?
	a. What type of fencing?
8.	Do you have other animals? \square Yes \square No
	a. What kind?
	b. How are they kept?

	9.	Please describe your equine handling level of expertise:
	10.	Please describe your equine training level of expertise:
	11.	Who will be responsible for feeding/training/general care?
	12.	If you are the responsible party, who will take care of the equine(s) when you are away?
	13.	Have you ever been issued a warning/citation, or been convicted for a violation against animals?
		a. \square Yes \square No
		b. If so, please explain:
	14.	Have you ever sold a horse to auction or surrendered an animal to a rescue/other?
		a. □ Yes □ No
		b. If so, please explain:
	15.	Is there anything else you want us to know?
CU	RR	ENT OR PAST EQUINES
	1.	Do you currently own any equines? \square Yes No \square
	2.	Have you previously owned any equines? \square Yes No \square
	3.	Briefly describe your training/equine handling philosophy:
YO	UR	ADOPTED EQUINE(S)
	1.	How often do you plan to vaccinate your adopted equine(s)?
	2.	Type of vaccinations planned (check all that apply):
		a. West Nile Virus
		b. Tetanus Toxoid
		c. \square Encephalomyelitis (VEE, EEE, WEE)
		d. 🗆 Influenza
		e. ☐ Rhinopneumonitis (EHV-1 and EHV-4)
		f. Strangles
		g. Rabies
		h. Potomac Horse Fever
		i. Botulism
		j. □ Equine Viral Arteritis
		k. Rotavirus A
		1.
	3.	How often do you plan to deworm your adopted equine(s)?
	4.	What type of deworming program (schedule) do you plan to use?
	5.	Will your adopted equine(s) be shod? \square Yes No \square

Phone:	Date:
Name o	of veterinary practice:
	of veterinarian:
Small A	Animal Veterinarian (if equine vet is not named above)
Pre	vious veterinarian's phone number:
	s veterinarian's name:
	another vet that you've used in the past five years? \square Yes \square No
•	a currently a client of this vet? \square Yes \square No
Phone:	
	of veterinary practice:
Name o	of veterinarian:
Equine	<u>Veterinarian</u> (if applicable, otherwise skip to Small Animal Veterinarian below)
PROFI	ESSIONAL REFERENCES
Describ	be the nature of your relationship:
Phone:	
Name:	
Refere	nce #2
Describ	e the nature of your relationship:
Referei	
PERSC	ONAL REFERENCES
	e. \square Therapy/Rehab
	d. \square 4-H or other equine club
	c. \square Driving
	b. ☐ Riding (children and mini horses only)
	a. Companion/Pet
8.	What discipline(s) are you planning to use this/these equine(s) for? (Check all that apply)
	veterinarian?
7.	How often will your adopted equine have a dental exam and/or teeth floated by a licensed
6.	How often will your equine(s) be trimmed/shod?

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<u>rarrier</u>
Name of farrier:
Phone:
Are you currently a client of this farrier? ☐ Yes ☐ No
Is there another farrier that you've used in the past five years? \square Yes \square No
Previous farrier's name:
Previous farrier's phone number:
Trainer/Instructor (optional; required for first-time equine owners) Name of trainer/instructor:
Name of trainer/instructor barn or facility:Phone:
I certify that I am at least 21 years of age and that all the information provided is correct and true
Adopter: Date:

Please send this completed form to Barb Gordon at barbara.gordon@live.com