



P.O. BOX 777 * CANTONMENT, FL. 32533
PHONE: 850-587-3565 FAX: 850-587-4302

EQUINE ADOPTION APPLICATION

Name_____

Address_____

City, State, Zip_____

Home Phone_____ Cell _____

E-mail address_____

Vet Name_____

Phone_____

Farrier Name_____

Phone_____

Trainer Name_____

Phone_____

Have you ever been responsible for the care of a horse or pony before?____ If so, how long ago_____ and under what circumstances?_____

Will the horse be kept on your property? _____ If not, where will it be kept? _____

Which horse(s) are you interested in _____

What do you plan on using this horse for? _____

Describe the shelter the horse will have? _____

If the horse will be kept in a barn, how big are the stalls? _____

What is the size of the turnout area and what type of fencing encloses the turnout area? _____

How long will the horse be turned out and will it be at night or during the day? _____

How many other horses are in the pasture? _____

Do you currently have any stallions on the property? _____

Do you have a separate enclosure to house new arrivals? _____ If yes, please

describe _____

What are your methods of taking in a new horse and then introducing them to a

herd? _____

Are you employed? _____ What hours do you work? _____

Specifically, who will be responsible for feeding and daily care?_____

Who will feed when the caretaker is unavailable?_____

How often will your horse be fed?_____

Will the horse have a separate enclosed area to eat?_____

What type of grain and hay will you provide and how is it stored_____

How is water provided and how much is available?

How often will you have a farrier trim/shoe?_____

How often will you have your horses teeth floated?_____

How often will you deworm your horse?_____

How often will you have a veterinarian visit your horse?_____

Do you own a horse trailer?_____ If so, please describe; e.g. year, make,

type (stock, two horse straight load, etc.)_____

List the signs of colic and what would you do if you saw them?_____

Please describe your experience with handling, caring for, riding and training

horses? _____

If you will be using the horse for riding, please list the names, ages, weight and

height of the people who will be riding the horse _____

REFERENCES

Equine Professional _____ What is their
profession _____ Phone _____

Personal reference (not a relative) _____

Phone _____

I, the undersigned understand I am applying for adoption of an equine from Panhandle Equine Rescue, Inc. I understand that I must complete the application procedure and have my home (or boarding facility) approved before being allowed to adopt an equine from Panhandle Equine Rescue. I understand that I may not be able to adopt the equine I want for various reasons.

I understand that I will be subject to home visits in accordance with the Panhandle Equine Rescue Inspection Policy. I also understand that, in accordance with the Adoption Policy, I may never sell, trade, give away, lease out, send to slaughter, etc. the equine I adopt. I also understand

that I may never use that equine for breeding purposes.

I, the undersigned, have read and understand the following:
Under Florida Statute 773.02, an equine activity sponsor or equine professional, or any other person, which shall include a corporation shall not be liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

Adoption Applicant (Must be at least 18 yrs. old)

Date