



P.O. BOX 777 * CANTONMENT, FL. 32533
PHONE: 850-587-2754 FAX: 850-587-4302

EQUINE ADOPTION APPLICATION

Name _____
Address _____
City, State, Zip _____
Home Phone _____ Cell Phone _____
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

You must provide us with three separate references that *we can call*. One must be an equine vet, one an equine professional (trainer, farrier, etc.) and one must be a personal reference. These must be three separate people.

Equine Vet_____ Phone_____

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.

By signing this policy, I agree not to hold Panhandle Equine Rescue liable in the event of injury, death or damage to any human, animal or property as a result of activities or actions of the equine I adopt.

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

Date