

[Name of Horse(s) _____]

HORSE ADOPTION APPLICATION

Name _____ Date of Birth _____

Age _____ (must be 21) Email address _____

Address (No P. O. Boxes!) _____ City _____ State _____ Zip _____

Daytime # _____ Cell # _____ Evening # _____

Occupation _____ Employer _____

Adopting a companion animal brings a lot of responsibility, including annual visits to the veterinarian, vaccinations, and possible emergency care. This is more expensive than many people realize. Are you aware of and prepared to assume the financial responsibilities for your newly adopted pet? _____ Yes _____ No

I currently Own / Rent / Lease property where the horses will be pastured/sheltered(circle one)

____ house ____ condo ____ trailer ____ apartment For how long? _____

If you Rent or Lease or Board, do you have the property owner's permission to keep more horses ?

____ Yes _____ No

We must contact the property owner prior to adoption.

Property Owner's Name _____ **<MUST BE PROVIDED>**

Phone _____

I currently live with friends / family (circle one) For how long? _____

How many people live at your residence? _____

Names & ages of all other people living in your home _____

As an adult, have you owned horses? _____ If Yes-what? _____ No

What happened to him/her? _____

Do you currently have other animals? _____ Yes (if yes, please list) _____ No

Name	Type/Breed	Age	Sex	Spayed/Neutered? (If NO, Why not?)
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1) _____

2) _____

3) _____

VETERINARIAN _____ **<MUST BE PROVIDED>** Phone _____

Are you aware of the shots required for your horse? _____ Yes _____ No

Are you aware that all animals adopted from HSCC MUST be spayed or neutered with NO exceptions? _____ Yes

What are you prepared to spend on your pet yearly? (vet care, farrier, etc.) _____

FARRIER _____ **<MUST BE PROVIDED>** Phone _____

Are you aware of the routine farrier work required for your horse? _____ Yes _____ No

Describe circumstances in which your horse will be kept (pasture/shelter/etc.).

I give my permission for Humane Society of Calloway County (HSCC) to contact my veterinarian and farrier in order to verify that I have acted responsibly concerning the medical care for my animal in both consistency and in financial good standing. Initials _____

ADDITIONAL INFORMATION (add anything regarding your history with horses or why you want to adopt that you would like to on another page)

I acknowledge that all of the information on the entire Application is true and correct.

Signed _____ Date _____

We Reserve The Right, In Our Sole Discretion, To Refuse Any Applicant. It is for the benefit of our animals. The HSCC appreciates your consideration for wanting to provide a loving home for an animal in need.