**Applicant Information** *(all information provided will be kept confidential)*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  | | | | | | | Date: | |  |
| Physical Address: |  | | | | | | | | | |
| City: |  | | | State: |  | | | Zip: | |  |
| Income Annually: |  | | | | | | | | | |
| Profession: |  | | | State: |  | | | Zip: | |  |
| Home Phone: |  | Work Phone: |  | | | | Cell/Pager: | |  | |
| Email: |  | | Alternate Email: | | |  | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you over 21 years of age? | Yes |  |  | No |  |  | If under 21 please list your age: |  |
| *\*\* Potential adopters 18 or older who have not yet attained the age of 21 will not necessarily be denied adoption. We do not adopt to anyone under the age of 18.* | | | | | | | | |

**References**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Veterinarian’s Name: |  | Phone #: |  | Email: |  |
| Farrier’s Name: |  | Phone #: |  | Email: |  |
| Personal Reference Name: |  | Phone #: |  | Email: |  |
| Personal Reference Name: |  | Phone #: |  | Email: |  |

**Horse Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you applying for a specific horse? | | Yes | |  |  | No |  |  | Horse’s name: |  | | | | | | |
| If no, describe the breed or type of horse and particular skills you’re looking for: | | |  | | | | | | | | | | | | | |
| What is the intended use for this horse? | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | |
| Will you accept a horse with a limitation, but one still suitable for the intended purpose? | | | | | | | | | | | | Yes |  |  | No |  | |

**Horse Ownership Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Have you owned a horse before? | | Yes |  |  | No | |  |  | What kind? | | | |  | |
|  | If yes, Where is that horse now? | |  | | | | | | | | | | | |
| Do you own any animals other than horses? | | | | Yes | |  |  | No | |  |  | What kind? | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Who will be responsible for the care / feeding / training of this horse? | | | | | | | | |  | | |
| Who will be the primary handler / rider? | | | | | | | | |  | | |
| What practice(s) do you employ when training and working with horses? | |  | | | | | | | | | |
| Will you be working with a horse trainer for this horse? | | |  | | Yes |  | | No | | | |
| Trainer’s Name: |  | | | Phone #: | | |  | | | Email: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| What do you consider your level of expertise in caring/working with horses? | | | | | | | | | | | | |
|  |  | No horse care knowledge (This is ok…for some of our horses) | | | | | | | | | | |
|  |  | Limited knowledge, but can recognize signs of illness | | | | | | | | | | |
|  |  | Able to treat minor wounds | | | | | | | | | | |
|  |  | Comfortable handling spirited horses in various environments / situations | | | | | | | | | | |
|  |  | Years of experience in handling traumatized, or green horses | | | | | | | | | | |
| Are you financially prepared to provide proper veterinary, farrier, emergency care, etc.? | | | | Yes | |  | |  | | No | |  | |
| Have you or any member of your family / household been accused, issued a warning / citation, or been convicted of any crime including animal cruelty, negligent care of animals or other humane violations? | | | | Yes | |  | |  | | No | |  | |
| If yes, please explain: | | |  | | | | | | | | | |
| **Have you ever sold a horse at auction?** | | | | | Yes | |  | |  | | No |  |
| If yes, please explain: | | |  | | | | | | | | | |

**Stabling Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Will horse be kept at physical address listed on page 1? | | | | | | | | | Yes |  | | |  | | No |  | |  | If no, fill in stable address: | | | | | |
| Stable Address: | | |  | | | | | | | | | | | | | | | | | | | | |
| City: | | |  | | | | | | | | State: | | | | |  | | | | | | Zip: |  |
| Stable facility is a: | |  | Private Home | | |  | Boarding Facility | | | |  | | | Other - Please Describe: | | | | | | | |  | | |
| Boarding Facility Manager’s Name: | | | | |  | | | Phone #: | | | | |  | | | | | | | Email: |  | | | |

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| Please describe what conditions the horse will be stabled in and what shelter will be provided: | | | | | | | | | | | | | |
|  |  | Barn |  | Stall |  | Run-in Shed | |  | Stall with Run |  | Pasture |  | Paddock |
|  | What are the turnout arrangements if the horse is not pastured? | | | | | |  | | | | | | |

**In submitting this form you agree to / understand the following:**

* No contact information of the former owner will be provided to the Adopter.
* **CFHR** retains the right to unilaterally seize the horse upon our determination that said horse is not being properly cared for, including neglect, physical abuse or mental abuse. If an adopted horse is found to been abused or neglected, we will prosecute to the fullest extent of the law following our recovery of the animal.
* If for any reason you are unable to care for and need to return said horse, it must be returned directly to **CFHR.** No refunds will be given 30 days after adoption, and you are responsible for returning the horse at your expense.
* You may not breed, sell, give away, assign, dispose or transfer this horse without first contacting CFHR. If an adopted horse is found to been sold, given away, assign, disposed or transferred, without our knowledge.
* You agree to provide proper care and ongoing maintenance of the horse, to include, but not limited to year round shelter, free access to clean water, proper feed, innoculations, dental care, hoof care and worming. You are also responsible for providing veterinary care above and beyond in the event of illness, injury or accident.
* You agree to these conditions prior to the adoption becoming final, and your signature, below, is proof of such agreement.
* By signing below, I certify that the information on the application is true and correct to the best of my knowledge. I give CANHAM FARM HORSE RESCUE INC., its officers and agents’ permission to verify all the information contained herein.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_