

BAR/TWF Adoption Application Form

NAME: _____ DATE OF BIRTH: _____

Address: _____

HOME#: _____ CELL#: _____ WORK#: _____

EMAIL ADDRESS: _____

DRIVER'S LICENSE #(please attach a scanned copy of your license): _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

Please answer the following questions as completely as you can, and check all of the boxes that apply. If you want to add more detail than can be provided in the spaces below, you may attach a separate sheet of paper. Return completed application, with an original signature to: ADRIENNE HOLMES

15440 Mussey Grade Road Ramona, CA 92065

INFORMATION SHEET AND QUESTIONS:

1. Applicant's riding experience:

- Experienced
- Somewhat experienced
- Limited in experience
- No experience

2. Applicant's general horse/care experience:

- Experienced
- Somewhat experienced
- Limited in experience
- No experience

3. Applicant's planned use of the horse:

- Trails/pleasure
- Showing -english or western (circle one)
- Jumping
- Companion
- Handicap program
- Youth program
- Other

If "other", please explain:

4. Given that you are planning to adopt a horse which is typically "green broke":

- I am experienced and intend to train the horse myself.
- I will hire my own trainer to train the equine.
- I would like to hire a trainer, but do not know of any.

5. If you plan to use the help of a trainer or friend to train the horse, please provide their name and telephone number.

Trainer Name: _____

Trainer Telephone Number: _____

6. Have you ever been responsible for the care of a horse before?

- Yes
- No

If yes, how long ago and under what circumstances?

If this is the first time you will be responsible for the care of a horse, will you be working with or hiring someone to teach you about essential care?

- Yes
- No
- N/A

If yes, please provide Instructor Name: _____

Instructor telephone Number: _____

7. Who will be responsible for daily care of the horse?

- Self
- Other(s)

If you checked other, in caring for the horse is this person(s):

- Experienced
- Somewhat experienced
- No experience

If any caregivers are under 18 years of age, list their names, ages, and the name of the person supervising: _____

8. Have you sold any horse or pony in the last five (5) years?

- Yes
- No

If yes, under what circumstances?

9. Have you ever adopted any animal from another non-profit organization?

- Yes
- No

If yes, which organization and animal did you adopt?

If yes, do you still have the animal?

10. Please list any/all equines and/or animals you now have, the type, their names and their ages:

11. Will the horse live on your property?

- Yes
- No

If no, please complete the following information where you will board the horse:

Facility Name: _____

Facility Address: _____

Name of Manager and Telephone Number: _____

12. Will the horse be provided an equine companion?

- Yes
- No

If yes, how many? _____

13. Describe the shelter to be provided for the horse: _____

14. What type of fencing encloses the turn-out area? _____

15. How large is the turn-out area? _____

16. For how long will the horse be turned out each day?

17. Feeding schedule: Please complete all information:

○ Type of Hay: _____

○ Quantity/Frequency: _____

○ Describe Storage: _____ ○

Type of Grain: _____ ○

Quantity/Frequency: _____ ○

Describe Storage: _____

18. Will you provide clean water for the horse 24 hours per day?

○ Yes

○ No

Please describe how water will be supplied to the horse: (bucket, automatic water, stream, etc) :

19. Describe how you will provide the following for the horse:

○ Worming/Parasite Control: _____ ○

Farrier/Hoof trimming/Shoeing: _____ ○

Dental/Float Teeth: _____ ○

Shots/Immunizations: _____

20. Equine health and detecting serious conditions:

What are the symptoms of colic in a horse, and how would you respond to them?

If a horse is underweight, how would you improve his condition? _____

For what reasons would you call a veterinarian?

What are the symptoms of founder or laminitis?

What would you do if a horse foundered?

21. Is there a specific horse, that we have listed, that you are currently interested in?

22. Are you financially able to support a horse? _____

23. Horses can live for 30 years or more. Are you prepared to make a lifetime commitment to a horse? How would you retire him if he could no longer perform in his intended use? _____

APPLICANT REFERENCES: (no relatives or spouses, please)

Veterinarian Name: _____

Address: _____

Telephone Number: _____

How long have you used this vet? _____

Farrier Name: _____

Address: _____

Telephone Number: _____

How long have you used this farrier? _____

Prior Boarding Facility Name (if any): _____

Address: _____

Telephone Number: _____

How long have you known this person? _____

1.General Name: _____

Address: _____

Telephone Number: _____

How long have you known this person and in what capacity? _____

2. General Name: _____

Address: _____

Telephone Number: _____

How long have you known this person and in what capacity? _____

3. General Name: _____

Address: _____

Telephone Number: _____

How long have you known this person and in what capacity? _____

Thank you for your interest, and please stay in contact with us by phone, email or letter to be up-to-date on the approval of your application. You may contact Adrienne Holmes Adrienne@ceco-cal.com or by phone: (619)---302---7266.

Applicant's Signature_____

Printed Name_____

Today's Date_____