Faith Equine Rescue
5370 Rosenberry Lane
Mulberry, Florida 33860
863-608-0827
e-mail: Faithequinerescue@aol.com
Website: www.Faithequinerescue.webs.com

Adoption Application

Applicant Contact Information:
Name: _____
Street Address: _____
City: _____ State:_____ Zip:_____
Home Phone _____ Work Phone:_____
E-mail Address: _____ Cell Phone:_____

Applicant Experience/Knowledge Summary
1. Is this your 1st horse? Yes No
2. Do you currently or have you in the past own(ed) any other horses? Yes No
A. How many horses do you currently own?_____
B. How many horses have you owned in the past 5 years?_____
3. Have you ever surrendered or donated a horse to a rescue? Yes No
4. In the past 5 yrs have you had an equine die while in your care? Yes No
If yes please explain:_____
_____
_____
5. Describe you experience with handling, caring for, riding, and./or training equines.
_____
_____
_____
6. What is your riding ability? Beginner Intermediate Advanced
7. Describe your horses preventative health care & maintenance program: If first time owner's we will educate you on below process.
A. Deworming program:_____
B. Vaccination Schedule:_____
C. Farrier:_____
D. Feed:_____

Facility

1. Will your horse be kept at the address above? Yes No
If no please provide the name of the facility, address, contact person and phone number.

_____
_____

2. What kind of fencing will be used? _____
_____

(If you have barb wire you must run hot wire at least 1' off fence)

3. Will your horse have a shelter? Yes No
Please explain what type of shelter:_____
_____

Equine(s) You Are Interested In

List equine names in order of preference:
1._____
2._____
3._____
What do you plan on using this equine for?_____
_____
Are you willing to take a horse that is a companion only? Yes No
Are you willing to take a horse that is not broke? Yes No
What is your preference?
A. Breed:_____
B. Size:_____
C. Gender: Mare Gelding
D. Age:_____

References:

Please list (2) personal references not related to you, that have information about your capability to care for a horse.
Name:_____
Address:_____
Phone Number:_____
Name:_____
Address:_____

Phone Number:_____
Please list your Veterinarian:
Name:_____ Phone:_____
Address:_____
Please list your Farrier:
Name:_____ Phone:_____
Address:_____

Please read before signing:
1. Adopting a horse is a very emotional and financial responsibility. Please make sure that you are ready for this responsibility before sending in this application.
2. There will be a property inspection conducted before horses are adopted.
3. Faith Equine Rescue requires that you make a minimum of 4-visits to work with your horse before horse is adopted. If horse is broke you will be required to do one riding session. This is just to insure that both horse and adoptee get along.

_____ _____
Applicants Signature Date

_____
Applicants Name