



Equine Adoption Application

Name of equine you are applying to adopt: _____

Name of Applicant: _____

Physical Address & Complete Mailing Address: _____

Age and Date of Birth: _____

Drivers License Number and State of Issue: _____

Social Security Number: _____

Home Phone: _____ Work Phone: _____

Cellular Phone: _____ Pager Number: _____

Place of Employment and Address: _____

Length of Time with Present Employer: _____

Length of Time with Most Recent Past Employer: _____

Reason for Leaving Most Recent Employer: _____

Gross Annual Household Income: _____

Own/Rent/Live with Relatives: _____

Does Applicant Live in a (circle one): House Apartment Mobil Home Duplex Condo

Length of Time at Present Address: _____

Length of Time at Previous Address: _____

Where do you plan to keep the equine: (circle one): At your home Board at a friend's home
Boarding Facility Trainer's Facility Race Track Facility Other: (please explain): _____

Will the equine be (circle one): Pastured Stall Kept Contained in a Pen or Paddock

How often will the equine be turned out? _____

Will the horse be kept alone or in the same enclosure as other animals? _____

If the equine will be kept with other horses (or any other animals), please explain the expected living conditions in terms of space available for each animal, size of enclosure or pasture, etc.: _____

Please describe how you plan to feed the equine to ensure that it does not have to compete for it's full ration of feed: _____

What do you plan to use this equine for? _____

How much time do you plan to spend riding the horse? _____

How much time do you plan to spend grooming or doing ground work? _____

Will there be young children around the equine or riding the equine? _____

If so, how many and what ages? _____

Please explain your level of experience with equine: _____

Do you own any other animals, if so how many, what species and ages? _____

Have you ever been cited or warned for abuse of any animal or person? _____

If so, please explain: _____

Do you already have a veterinarian in mind to provide veterinary care for this equine? _____

Do you already have a farrier in mind to provide hoof care for this equine? _____

Do you already have tack and grooming supplies on hand to use on this equine? _____

Do you own a horse trailer, if so, what kind (stock, 1-horse, etc.)? _____

Do you own a vehicle with which to pull a trailer (if so, please list make, model, year, and whether it is paid for or not):

If you have no prior experience dealing with equine or with special needs horses, will you agree to complete a basic horse care course administered by USESR? _____

Please provide the name, address, and telephone number of two close family members not living with you:

1. **Name:** _____
Address: _____ **Phone:** _____
2. **Name:** _____
Address: _____ **Phone:** _____

Please provide the name, address, and telephone number of four people who would attest to your good character and how you care for your animals:

1. **Name:** _____
Address: _____ **Phone:** _____
2. **Name:** _____
Address: _____ **Phone:** _____
3. **Name:** _____
Address: _____ **Phone:** _____
4. **Name:** _____
Address: _____ **Phone:** _____

Thank you for your interest in adopting an equine from H.S.G.C.. Your application will be processed as quickly as possible.

**Humane Society of Garland County
P.O. Box 1484
Host Springs, AR 71913**

Membership is open to the public.