

Horse Helpers of the High Country

Adoption Application

A 501(c)3 Non Profit Equine Rescue Organization

1199 Odes Wilson Rd. | Zionville, NC 28698

HorseHelpersNC@gmail.com | 828-297-1833

Thank you for your interest in adopting or fostering a **Horse Helpers of the High Country** equine and in our program. Our goals are to find loving permanent homes for our equine and to try to make a compatible match between the adopters and their equine. Completing this application will help us in trying to fulfill those goals. Once your application is reviewed and a decision is determined a **Horse Helpers** representative will call you to make you aware of the outcome. Approved applications are valid indefinitely for any **Horse Helpers** equine in which you may be interested. If any of the application information changes please update your approval by notifying us of the change.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION: Carefully read and **complete this application in full** and mail it to Horse Helpers, 1199 Odes Wilson Rd., Zionville, NC 28698. (Please note all information provided will be kept confidential):

I am seeking to be approved as a: Foster home () Adopter () Both()

Applicant Information

Name:		Date:	
Physical Address:			
Mailing Address:			
City:	State:	Zip:	County:
Home Phone:		Work Phone:	
Email:		Cell/Pager:	
Employment:			
Are you over 21 years of age? YES (<input type="checkbox"/>) NO (<input type="checkbox"/>) If no, what is your age? _____			
Best time to call: Day ____ Evening _____ Other _____			

Equine Ownership Information

1. Have you owned a equine before? YES () | NO () If yes, when and how many? _____
Where are they now? _____
2. Do you have any animals other than equines? YES () | NO () If yes, what kind?

3. Have you ever adopted an equine from a rescue or animal protection agency? YES (___) | NO (___)
If yes, which one? Where is that equine now? _____

4. Are you financially prepared to provide proper veterinary, farrier, emergency care, etc.? YES (___) | NO (___)
5. 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: _____

6. Have you ever sold an equine to auction? YES (___) | NO (___)
7. Who will be responsible for the care / feeding / training of this equine?

8. Who will be the primary handler / rider? _____
9. What do you consider your level of expertise in caring/working with equines? (check the answer that best fits your experience.)
- Beginner: New around equines, comfortable riding at a walk, limited – no equine care knowledge
 - Advanced Beginner: Comfortable at walk & trot, limited knowledge, but can recognize signs of illness
 - Intermediate: Comfortable at all gaits, can handle equines that test rider, able to treat minor wounds
 - Experienced: Comfortable handling difficult equines in various environments / situations.
 - Very Experienced: Previous experience training equines and / or in handling green equines.
10. What practice(s) do you employ when correcting negative behaviors?

11. What is the intended use for this equine? (circle all that apply)
Pleasure | Trail Riding | Lesson Program | Racing | Steeplechase | Eventing | Hunter | Jumper | 4-H | Pony Club | Roping | Barrels | Western Pleasure | Team Penning | Driving | Showing | Dressage | Other: (describe):

12. If the specific equine you are applying for is not available or won't meet your needs, would you consider another equine? YES (___) | NO (___)
13. Will you accept an equine with a limitation, but one still suitable for the intended purpose? YES (___) | NO (___)
14. Are you willing to adopt an equine that may have limitations on its use? YES (___) | NO (___)
15. Do you plan to work with a trainer? YES (___) | NO (___). If yes, please provide trainers name and phone number: _____

Stabling Information

1. Where will this equine be kept? HOME (___) | BOARDING STABLE (___) | OTHER (___) _____

If you will be using a boarding stable, please answer questions a-g below. If not move on to question #2

a. provide the barn manager's name and phone number:

b. What kind of access/business hours does the boarding stable have? _____

c. Who will feed the equine at boarding stable? _____

d. Will the equine be pasture/field boarded or will it be on full board with a stall? _____

e. If field boarded is there a run-in shelter? _____

f. If stalled, how many hours a day will the equine be turned out? _____

g. The boarding facility is _____ miles from my residence.

2. Please describe what conditions the equine will be stabled in and what shelter will be provided:

Barn (___) | Stall (___) | Paddock (___) | Pasture (___) | What are the turnout arrangements if the equine is not pastured? _____

3. Describe the type of fencing the equine will be turned out in (check the appropriate answer/s):

wood 3or 4 board rail

vinyl or plastic coated board

vinyl fence

split rail

wire farm fencing w graduated squares

strand high tensile wire on t-posts ___/ wood posts ____. How many strands _____

electric tape on t-posts___ / wood posts ___ How many strands _____

4. What is the size of the turnout area (select one)

under an acre or under

between 1 and 2 acres

between 2 and 5 acres

between 5 and 10 acres

over 10 acres

5. Is the turnout: dirt _____ grass _____

6. How many equine beside the Horse Helper equine will share the turnout area? _____

7. When the Horse Helper equine is first introduced to other animals he/she must not be immediately turned out with them. Is there a separate pasture that can be used to allow the equines to become acquainted with the other equine? YES () | NO ()

If no, explain how you will introduce the animals to one another.

References:

1. Veterinarian's name and phone number (*Contact is made with your veterinarian. YOU MUST call your veterinarian and advise them that you are putting them down as a reference and that you want to be approved to purchase a Horse Helpers equine. You should tell them that Horse Helpers will be contacting them by phone or fax.*)

Name: _____

Phone: _____

2. Farrier

Name: _____

Phone: _____

3. Two personal references, not related to you, who can vouch for your equine care abilities:

Name: _____

Phone: _____

Name: _____

Phone: _____

Is there any further information you would like Horse Helpers to know when considering your application?

By submitting this form you agree to / understand the following:

1. Horse Helpers retains co-ownership of all adopted equines. If the equine came to us with registration papers, we retain them to help insure the safety and well-being of the equine. *Initial* _____
2. Horse Helpers retains the right to unilaterally seize the equine upon our determination that said equine is not being properly cared for, including neglect, physical abuse or mental abuse. If an adopted equine is found to have been abused or neglected, we will prosecute to the fullest extent of the law following our recovery of the animal. *Initial* _____
3. If for any reason you are unable to continue your possession of the equine, it must be returned directly to Horse Helpers and no refunds will be given for either the Adoption Fee or any expenses incurred since adoption. You may not breed, sell, give away, assign, dispose or transfer this equine. If an adopted equine is found to been sold, given away, assign, disposed or transferred, we will prosecute to the fullest extent of the law for theft. *Initial* _____
4. Horse Helpers reserves the right to conduct unannounced site inspections to check on the condition of the equine and the stable. *Initial* _____

5. You agree to provide proper care and ongoing maintenance of the equine, to include, but not limited to year-round shelter, free access to clean water, proper feed, inoculations, dental care, hoof care and worming. You are also responsible for providing veterinary care in the event of illness, injury or accident. *Initial* _____

By signing below, I certify that the information on the application is true and correct to the best of my knowledge. I acknowledge that inaccurate or false statements made on this Adoption Questionnaire may void this adoption. In addition, I give Horse Helpers, its officers and agents permission to verify all the information cited above, including contacting the listed references, and inquire about my equine experience.

Signature: _____ *Date:* _____

Horse Helpers Reserves the Right to Refuse Adoption to Anyone

Price Worksheet:

Price of equine	\$ _____
Application Fee (if any) (non-refundable)	\$ _____
Coggins Fee and Health Certificate (\$60.00, non-refundable)	\$ _____
Boarding Fees (\$10.00 a day, commencing 10 days after adoption finalized)	\$ _____
Shipping fees (if applicable)	\$ _____
	Total Due \$ _____

Horse Helpers Authorized Representative _____ ***Approved:*** _____

Date: _____

Notes: