



## Humane Society of North Texas

1840 E. Lancaster • Fort Worth, Texas 76103 • (P) 817.332.4768 • (F) 817-332-2164

*Kindness, justice and mercy to every living creature*

### EQUINE/FARM ANIMAL ADOPTION APPLICATION

Name of applicant:

Address:

City/State:

Best phone to contact you:

E-mail address:

Employer:

Address:

Work phone:

City/State:

How long have you been employed by the above employer?

Yearly income range: (circle one) 10-30K 30-70K 70-100K Over 100K

If you rent your home: Landlord's name & phone:

I am interested in adopting (circle all that apply, or indicate by name the specific animal you are interested in:

Equine Goat Sheep Cattle Chicken Duck or Geese Misc waterfowl Peafowl

Emu/Rhea Domestic pig Pot Belly Pig or NAME of animal: \_\_\_\_\_

**Please briefly describe your experience with and knowledge of the type of animal you wish to adopt:**

How many \_\_\_\_\_ do you have currently? *(List on separate sheet if necessary)*  
*Type of animal*

Please list type of vaccines and last date administered:

Date of last coggins test, brucellosis test, or Farm Scrapies ID number:

Please briefly describe your parasite control practices for your equine and/or farm animals:

Please briefly describe hoof and foot care practices for your equine and/or farm animals:

**EQUINE/LIVESTOCK MANAGEMENT EXPERIENCE**

In brief, please describe your philosophy AND/OR current practices in the following areas, specifically as it relates to the type of animal you wish to adopt:

HOUSING NEEDS:

FEEDING/TYPES OF FEED/FORAGE:

HANDLING/TRAINING:

CONFINEMENT/PROTECTION FROM PREDATORS:

YOUR THOUGHTS ON REPRODUCTION/HUSBANDRY OF FARM ANIMALS:

IF THE EQUINE OR FARM ANIMAL YOU ADOPT WERE TO REPRODUCE, WHAT WOULD YOU DO WITH THE OFFSPRING?

Name and address of your current veterinarian:

Name and address of your regular farrier and current cost of basic trim? (if applicable)

In the past five years, have you given away or sold any equine or farm animals? (*Please explain*)

In the past five years, have you had any equine or farm animals die while in your care? (*Please explain*)

Please indicate who will be primarily responsible for feeding the animal(s)?

Please estimate the yearly cost of feed for the type of animal you wish to adopt.

Please estimate/approximate the yearly cost of medical care which you feel is to be normally expected for the health and welfare of the type of animal you wish to adopt.

How often do you plan on feeding the animal(s)?

Please describe your experience with dental care for the type of animal you wish to adopt (if applicable)

Please explain where the animal(s) will be housed

If you are interested in adopting an equine, please describe briefly your philosophy on training, and what type of riding you are most interested in (i.e. showing, trails, endurance, working cattle, etc)

Have you ever been issued a warning or citation for any animal related violations? If so, please describe when, from whom, and was it a warning or citation?

Where did you hear about HSNT's Equine/Farm Animal Adoption program?  
\_\_\_\_FRIEND/RELATIVE \_\_\_\_TV \_\_\_\_NEWSPAPER \_\_\_\_RADIO \_\_\_\_INTERNET

The Humane Society of North Texas will need to inspect your facility/property before a decision is made relating to the adoption of an equine or farm animal. Do you give HSNT permission to access your property at anytime without notice and without violating any trespassing laws?

Please provide two references, other than family members. Please include name, current phone number, and email address if possible:

- 1)
- 2)

I CERTIFY THAT THE ABOVE IS TRUE AND THAT FALSE INFORMATION MAY RESULT IN NULLIFYING THIS ADOPTION APPLICATION. IF I VIOLATE ANY TERM OF THIS AGREEMENT, INCLUDING ANY MISPRESENTATION TO THE HUMANE SOCIETY OF NORTH TEXAS, HSNT MAY REQUEST THE RETURN OF THE ANIMAL OR WITHOUT NOTICE OR LIABILITY, ENTER MY PROPERTY AND REPOSSESS IT.

**Date:**  
**Signature:**

**Upon signing, please submit via fax, mail or deliver to HSNT for review.**  
Warning, Under Texas law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

**HSNT reserves the right to refuse ANY adoption at ANY time for ANY reason**

<b>OFFICE USE ONLY:</b>	
STIPULATION:	
COUNSELOR:	
TDL: _____	EXPIRES: _____
COMMENTS:	
APPROVED: _____	OTHER: _____