



## **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 ADOPTION APPLICATION**

Name of applicant:

Address:

Home Phone:

Work phone:

Employer:

Address:

How long have you been employed by the above employer?

Income:

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

Why do you want to adopt a horse from HSNT?

### **EXISTING HORSE INFORMATION**

How many horses do you have currently? *(List on separate sheet if necessary)*

When is the last time your horse(s) had vaccinations:

What types of vaccinations were given?

Does your horse have a negative Coggins?

When was the last time your horse(s) was tested?

When was your horse(s) last dewormed?

When was the last time your horse(s) had their hooves trimmed or shod?

### **EQUINE EXPERIENCE**

In detail, please describe your level of experience in the following areas:

RIDING:

HANDLING:

TRAINING:

Name and address of your current veterinarian:

Name and address of your regular Farrier?

If you currently do not have any horses, have you previously owned horses before, and if so, for how long?

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

In the past five years, have you had any horses pass on while in your care? *(Please explain)*

Who will be responsible for feeding the horse(s)?

How much do you anticipate on spending yearly for feed?

How much do you anticipate on spending yearly for medical care?

How much do you anticipate on spending yearly for trimming?

How often do you plan on feeding the equine?

How often do you feel the hooves should be trimmed/shod by a Farrier?

How often do you feel a horse should be wormed?

How often do you plan on having a veterinarian visit the horse?

How often do you feel the teeth should be floated?

Where will the horse be kept?

What training methods will you use to teach your horse?

**HORSE(S) YOU ARE SPECIFICALLY INTERESTED IN:**  
*(Please denote in order of preference)*

**1)**

**2)**

**3)**

What are your usage plans for this horse?

How much time do you plan on spending with the horse?

If the horse is rideable, how often and how long do you plan on riding?

If you will be using the equine for riding, please list the names, ages and weight of everyone that will be riding:

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 Adoption program?

\_\_\_\_ FRIEND \_\_\_\_ RELATIVE \_\_\_\_ TV \_\_\_\_ NEWSPAPER \_\_\_\_ RADIO \_\_\_\_ OTHER

The Humane Society of North Texas will need to inspect your facility/property before a decision is made relating to the adoption of a horse. 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, denoting name & number:

- 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**

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| <p><b><i>OFFICE USE ONLY:</i></b></p> <p>STIPULATION:</p> <p>COUNSELOR:</p> <p>TDL: _____ D.O.B _____ EXPIRES: _____</p> <p>COMMENTS:</p> <p>APPROVED: _____ OTHER:</p> |
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