



## EQUINE ADOPTION APPLICATION

(Please check one)       Adoption Applicant       Foster Applicant

**NOTE:** Adopted and foster horses remain the property of Epona Horse Rescue for the first 2 years after adoption contract is signed. After 2 years Epona will always have the first right of refusal if adopter can no longer care for said equine.

### APPLICANT INFORMATION

Name:			
Address:			
City			
State		Zip/Postal Code:	
Home Phone:		Work Phone:	
Cell Phone:		Pager:	
Email:			
Date of Birth:	<b>APPLICANTS MUST BE 21 YEARS OR OLDER.</b>		
Current Employer:			
Employer Address:			
Years Employed by Current Employer:			
Do you own or rent your home?	<input type="checkbox"/> Own <input type="checkbox"/> Rent		
Year(s) Lived at Current Address:			
Have you previously owned a horse?		If yes, how long ago?	
Do you currently own a horse?		If yes, for how long?	
How many other horses do you now have?		Will the horse be stabled on your property?	

**APPLICATION FEE:** \$25 -The application fees must be submitted with the application form.)

Epona Horse Rescue is a non-profit organization Please make checks payable to Epona Horse Rescue .  
 20100 SW 114<sup>th</sup> St Crete Nebraska 68333 email eponahorserescue@msn.com

**BOARDING FACILITY**

If the equine will be kept someplace other than at the Applicant's address, please provide the name of the facility, its address, and the name of a contact person and their telephone numbers.

Name of Facility:			
Address:			
City			
State/Prov:		Zip/Postal Code:	
Contact Person:			
Work Phone:		Cell Phone:	
Fax:		Email:	

Describe the shelter the horse will have. \_\_\_\_\_

If the horse is in a barn, what size are the stalls? \_\_\_\_\_

What type of fencing encloses the turn-out area? (Include approximate size of the turn-out area.)  
 \_\_\_\_\_

How long will the horse be turned out each day? \_\_\_\_\_

If the horse is kept in a paddock/pasture, what size is the paddock/pasture?  
 \_\_\_\_\_

How many other animals are in the paddock/pasture? \_\_\_\_\_

Who will be responsible for the horse's daily care and feeding?  
 \_\_\_\_\_

How often do you plan on feeding the horse? \_\_\_\_\_

How often do you plan on having a farrier trim or shoe the horse? \_\_\_\_\_

How often do you plan on deworming? \_\_\_\_\_

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

## EQUINE PREFERENCES

Do you have a specific horse in mind? Name: \_\_\_\_\_

If not, or if the preferred horse has already been placed, please provide the following information regarding your preferences:

Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Does not matter	Gelding:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not matter
Age:		Color:	
Training ( <i>check all that apply</i> ):	<input type="checkbox"/> unbroken <input type="checkbox"/> halter broken <input type="checkbox"/> green broke <input type="checkbox"/> English <input type="checkbox"/> western <input type="checkbox"/> driving		
If you prefer an unbroken horse, indicate:	<input type="checkbox"/> I am experienced and intend to start the horse to saddle. <input type="checkbox"/> I would like to hire a trainer to start the horse. <input type="checkbox"/> I would like help in finding a trainer. <input type="checkbox"/> I am unable to train the horse to saddle.		
Horse will be used for:	<input type="checkbox"/> companion <input type="checkbox"/> trail/pleasure riding <input type="checkbox"/> western showing <input type="checkbox"/> youth riding <input type="checkbox"/> driving <input type="checkbox"/> therapeutic <input type="checkbox"/> English showing <input type="checkbox"/> Other: _____		
Size:	<input type="checkbox"/> small pony (under 12 hh) <input type="checkbox"/> medium pony (12-13 hh) <input type="checkbox"/> large pony (13-14hh) <input type="checkbox"/> small horse (14-15 hh) <input type="checkbox"/> medium horse (15-16 hh) <input type="checkbox"/> large horse (over 16 hh)		
Build:	<input type="checkbox"/> fine <input type="checkbox"/> medium <input type="checkbox"/> stocky		

How much time per week do you plan to spend with the horse? \_\_\_\_\_

If the horse is rideable, how often each week will it be ridden? \_\_\_\_\_

## RIDER INFORMATION

Rider #1:	Age _____	Height _____	Weight _____
	Experience level: _____		

## EQUINE EXPERIENCE

In the past 5 years, have you given away or sold any horses? Please explain.

\_\_\_\_\_

In the past 5 years, have you had any horses pass on while in your care? Please explain.

\_\_\_\_\_

Describe your experience with handling, caring for, riding and/or training horses. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Farrier and Veterinarian**

Name of Veterinarian or Farrier			
Address:			
City			
State/Prov:		Zip/Postal Code:	
Work Phone:		Fax:	
How long with this vet?			
Name of Horse Professional Reference			
Address:			
City			
State/Prov:		Zip/Postal Code:	
Work Phone:		Fax:	
Profession:	<input type="checkbox"/> Farrier <input type="checkbox"/> Trainer / Riding Instructor <input type="checkbox"/> Breeder Other: _____		

**ACKNOWLEDGEMENT BY APPLICANT**

I, the undersigned, understand and I am applying to adopt an equine from Epona Horse Rescue. I understand that I must complete the application procedure and have the equine facility or boarding facility inspected an approved before being allowed to adopt/foster the equine I am interested in, for various reasons.

In addition, I understand that Epona Horse Rescue will perform a background check to verify the personal information outlined in this application, as well as a check for criminal convictions.

By signing this application, I agree that I have read and understand the Adoption/Foster Equine Adoption Policy of Epona Horse Rescue.. I understand that I must submit a completed application in accordance with the policies before being considered as an adoptive and/or foster applicant.

I understand that if I adopt/foster an equine from Epona Horse Rescue, I will be subject to follow-up visits in accordance with the Adoption and/or Foster Policy, I may never race, sell, , give away, or send to slaughter the equine I adopt/foster. I also agree that Epona Horse Rescue is not liable in the event of injury, death, or damage to any human, animal, or property as a result of the activities or actions of the equine I adopt/foster.

I further agree to accept all responsibility for any action or lien resulting from any action, directly or indirectly, involving said equine(s) while it is in my care. Therefore, I agree and understand that neither Epona Horse Rescue, nor its employees of agents, will be liable for any damages or injuries caused to me or any third person by the equine(s) once I receive delivery of it, including, but not limited to, damages or injuries caused by the fact that the equine(s) does not behave or perform in the manner I expected.

Further, if any third person makes a claim against Epona Horse Rescue, or any of its employees or agents, as a result of any conduct of the equine in my possession, I agree to indemnify and hold Epona Horse Rescue its employees or agents, harmless from any such claim, including costs, and attorney's fees arising from such claim.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### PERSONAL INFORMATION RELEASE

The following information is confidential and will only be reviewed by a Director of Epona Horse Rescue

Have you ever been charged with or convicted of a felony of any sort or convicted of animal abuse(misdemeanor or felony)? \_\_\_\_\_. If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following information is required for a criminal background check. All information will be protected as private and confidential.

Date of Birth: \_\_\_\_\_  
(mm/dd/yyyy)

SSN: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date