

ADOPTION APPLICATION

Name:			Date:	
Physical Address:				
Mailing Address:				
Phone Home:		Work:		
E-mail:		Cell o	r	
pager:				
1) Is this your firs	t horse? If no,w	hen did you own a	horse?	
•	caretaker of the horse?			
•	full charge of the care of			
4) Do you have a	preference as to age, b	•	etc?	
5) Who will be the	e primary rider/handlei	r?	Age:	
•	ted in adopting a riding klist, for us to be able	_		iding
	a professional trainer i		opt is not within your o	experience
7) Will others han	adle and/or ride the hor	se? If so, under wh	nat circumstances?	
English W RopingBa describe): 9) How will horse	rrels Packing_	ShowingOther (ple	Jumpingease	4-H
animals	ncluding amount of sp			

10) Please describe specifically the daily feeding routine for an average horse of the age and type

you hope to adopt.				
11) Please provide two references, not related to you, who have information about your				
capability to care for a horse.				
1) Name and phone:				
Address:				
2) Name and phone:				
Address:				
12) Please provide the names of your veterinarian and farrier if you have them.				
Vet:				
Farrier:				

Horseshoe Canyon Recue Ranch 3791 B State Road 96 Youngsville, NM 87064 575-638-5041 www.HorseshoeCanyonRescueRanch.org

...one heart at a time!