



**Application for adoption:
Forgotten Hooves Horse Rescue (FHHR)**

Dear applicant,

It is of primary importance to us that we match you and the prospective adoptee as carefully as possible as you will be entering into a relationship for the rest of this animal's life. Horses live a long time. We want to ensure that our residents will be cared for for the rest of their lives in their new home. Thank you for your patience with this process.

Please fill out this application as completely as possible.

PLEASE PRINT CLEARLY

Name of the horse/horses you are interested in adopting:

NAME (as appears on DL) _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

EMAIL _____

CELL PHONE _____ WORK _____

EMPLOYED BY _____

DRIVER'S LICENSE NUMBER _____

STATE _____ EXPIRATION _____ DOB _____

If any of the following questions do not apply to you or your situation, please write N/A. Do not leave any fields blank.

Length of time at current address : _____

(Please check one of the following) Own ____ Rent ____ Other ____

If checked other, explain: _____

If renting, landlord's name: _____

Landlord's phone number: _____

Other adults in household : _____

Will the horse be living at the address listed above? _____

If the horse will be living somewhere other than the address listed, please provide that address : _____

If this horse will be boarded at a facility, please fill out the information below.

Name of facility: _____

Owner of facility: _____

Phone number of facility: _____

Describe the property the horse will be staying at in detail below.

Fencing type and height:

Amount of acreage the horse will have access to:

The type and size of shelter:

Do you own any other horses? ____ If so, how many? _____

Will these horses be located on the same property? _____

What do you use your current horses for? _____

What do you plan on using **this** horse for? _____

What is your experience level? **(Please check one)**

Beginner ____ Intermediate ____ Advanced ____ Trainer ____

What do you plan on feeding this horse/what do you feed your current horses? _____

Do you plan on giving this horse hay? _____

If so, how much and how often? _____

If you plan on riding this horse, answer the questions below:

How often do you plan on riding? _____

Do you own a round pen? _____

Where do you plan on riding your horse? _____

Please list the contacts below:

Veterinarian: _____ Phone: _____

Farrier: _____ Phone: _____

Please provide us with the name/address and phone number of 3 personal references:

1. _____

2. _____

3. _____

Please send pictures of the fencing, land, shelter, and other horses, if applicable, to Forgotten Hooves via email, text, or Facebook after completing this application. Approval will not be granted without current photos being provided.

ACKNOWLEDGEMENT

I, the undersigned, understand that I am applying to adopt a horse from Forgotten Hooves Horse Rescue (hereinafter referred to as FHHR). I understand that I must complete the application procedure and have the equine property and boarding facility approved before being allowed to adopt from FHHR.

I understand that my application will be voted on by the FHHR Board of Directors at the earliest possible date and that I may not be able to adopt the resident I am interested in for

various reasons. In addition, I understand that FHHR may perform a background check to verify my personal information as well as check for any criminal convictions. I understand that if I adopt a FHHR resident, I will be subject to follow-up visits from a FHHR representative.

I understand that I may never sell the horse that I adopt. If for some reason I can not care for the horse I have adopted, I will reach out to FHHR and let them know I am interested in re-homing them. If a new home cannot be found by FHHR or I cannot find another home, the horse may be returned to FHHR.

By signing this application, I agree that FHHR is not liable in the event of injury, death, or damage to any human, animal or property as a result of activities or actions of the horse I adopt. In addition, I, the undersigned, have read and understand the following. I have reviewed the health/veterinary record kept by FHHR about this horse. I understand I may have a veterinarian of my choice examine this horse at my expense and I understand any health issues my veterinarian has diagnosed.

To the best of my knowledge, all information supplied in this application is true and correct.

Signature/Date

Please return completed application to: forgottenhooves@gmail.com