

ADOPTION APPLICATION

Please return this application to:

Heading For Home Racehorse Retraining/Adoption Center, Inc.
P.O. Box 810
Saratoga Springs, NY 12866

Via fax: (518) 541-3083

Our goal is to invest the necessary time and resources towards preparing the horses in our care for a purposeful life after their racing careers have ended. This goal includes taking the necessary steps to ensure that these horses are placed in the appropriate new homes that will provide the best care for them throughout their lifetime. Please complete and return this application to us to assist in our adoption evaluation. As part of our evaluation process we may request a site visit and inspection of the proposed boarding site.

NAME OF APPLICANT: _____

AGE: _____

(Must be at least 18 years old)

ADDRESS: _____

If Rural Route, include actual street name and address

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #: () _____

CELL PHONE #: () _____

WORK #: () _____

OCCUPATION: _____

FAX #: () _____

E-MAIL: _____

Where is the best place to reach you between the hours of 9-5 EST?

Home Cell Work E-mail

APPLICANT INFORMATION

◆ Who will use the horse the majority of the time? _____

◆ Height & weight of person who will be riding: Height _____ Weight _____

◆ Briefly describe previous experience with horses: _____

◆ How would you rate yourself in regards to horse care and riding? Beginner Int. Adv.

◆ How would you rate the main rider of horse, if not applicant? Beginner Int. Adv.

◆ How will you use your horse? ___ Trail/Pleasure ___ Shows/Event ___ Driving

Please elaborate _____

◆ On an average, how many days per week will this horse be ridden or driven? _____

◆ Period of time each session at: Walk _____ Trot _____ Canter _____

◆ How long have you been searching for a new horse? _____

◆ Have you ever owned a horse or a pony before? _____ Yes _____ No

If not, have you ever been responsible for another's horse or pony and for how long and under what circumstances? _____

◆ Please list all horses sold/given away/died within the last 5 years (details, please):

◆ List all horses you now have, their names, ages, and uses: _____

APPLICANT INFORMATION

◆ Have you or any member of your family, or your spouse or spouse's family even been charged/arrested for any type of animal welfare violation? _____

Was there a conviction? _____ If yes, describe in detail: _____

STABLING INFORMATION

This horse will be stabled at: ___ Boarding Facility ___ Home ___ My property,
other than home

Name of facility _____

Address _____ City _____ State _____ Zip _____

Phone # () _____ Name of Contact Person _____

Name of Barn Vet _____ Phone # () _____

Name of Barn Farrier _____ Phone # () _____

- ◆ Describe the horse shelter: Barn size _____ Box Stall Size _____ Run In Shed _____
- ◆ Type of flooring in shelter: _____

- ◆ What type of fencing encloses the turnout area? _____

- ◆ Please indicate the approximate size of the turnout area: _____
- ◆ How many horses are stabled at the facility? _____
- ◆ How long will your horse be turned out each day? _____
- ◆ What type of hay is used and in what amounts per day? _____
- ◆ What is the grain stored in and where is it stored? _____
- ◆ What arrangements have been made to provide clean water for the horse 24 hours per day? _____
- ◆ How often will/do you deworm your horse? _____
- ◆ What products do you use? _____
- ◆ How often will/do you have your horse's teeth floated? _____
- ◆ Farrier Trim/Shoe? _____
- ◆ How often will/do you have your horse inoculated? _____
- ◆ Do you use a veterinarian for vaccinations? _____
- ◆ How would you introduce an adopted horse to his/her new environment and pasture mates? _____

- ◆ Describe the area/situation in which you would feed two or more horses turned out together: _____

APPLICANT REFERENCES

(Please do not use family members)

- ◆ NAME OF YOUR PRESENT HORSE VET (no relatives): _____
Phone # () _____
How long have you used this vet? _____
- ◆ NAME OF YOUR PRESENT SMALL ANIMAL VET (no relatives): _____
Phone # () _____
How long have you used this vet? _____
- ◆ NAME OF YOUR FARRIER (no relatives): _____
Phone # () _____
How long have you used this farrier? _____
- ◆ NAME OF TRAINER: _____
Phone # () _____
- ◆ NAME OF PERSONAL REFERENCE (work or school): _____
Phone # () _____
How long have you known this person? _____
In what capacity? _____
- ◆ NEIGHBOR (can not be a relative): _____
Address _____
Phone # () _____

Photos REQUIRED Prior to Finalizing Application.

You may email or regular mail your photos.

Enclosing pictures with your application will expedite the application process.

Close up pictures are appreciated.

- ◆ Barn and/or run-in shed, inside and outside areas.
- ◆ Inside of stall/shelter including flooring provisions.
- ◆ Turnout(s) including all fencing and water.
- ◆ Copy of a Driver's License or other photo ID.

ACKNOWLEDGEMENT:

The potential adopter(s), _____, give permission for all persons and facilities listed in this application to release all data regarding applicant(s), to Heading for Home Racehorse Retraining/Adoption Center, Inc. (HFH). I/We hold harmless any actions arising from release of the information from my contacts to HFH.

I/We understand that HFH may perform a background check to verify my/our personal information as well as check for any criminal convictions for animal abuse and/or neglect.

Applicant(s) Signature / Date

Printed Name(s) of Applicant(s)

Applicant(s) Signature Date

Printed Name of Applicant(s)