

HABITAT FOR HORSES

P.O. Box 213
Hitchcock, TX 77563
1-866-434-5737



Office Use Only
Date Received:
By:
\$Amt:

Equine Adoption / Foster Application
Revision Date: July 2, 2008

Check each that applies: _____ **Adoption Applicant** _____ **Foster Applicant**

Applicant Information

Name (first, middle, last): _____

Mailing Address: _____

City, State & Zip: _____ County _____ Region (for office use) : _____

Home Telephone No. : _____ Work Telephone No. : _____

Cell Phone Number: _____ Email Address: _____

(print clearly)

Application fee: \$35 ___ (application fee includes one-year membership; no fee is required if current member)

HfH is a 501(c)(3) non-profit organization. All contributions are fully tax deductible to the extent allowed by law. **Please make check payable to: Habitat for Horses**, and mail to **P.O. Box 213, Hitchcock, TX 77563**. Your cancelled check is your receipt.

Check here if you are interested in receiving the Newsletter.

Indicate how via email or printed.

Check here to receive information on how to become a volunteer

I heard about Habitat for Horses from: _____

Current Employer: _____ Years with this Employer: _____

Employer's Address: _____

Alternate Contact Information (needs to be a family member not in the same household)

Name (first, middle, last): _____

Mailing Address: _____

City, State & Zip: _____ County: _____

Home Telephone No. : _____ Work Telephone No. : _____

Cell Phone Number: _____ Email Address: _____

Applicants Initials: _____

NOTICE: This document is for the sole use of the Directors and staff of Habitat for Horses, Inc. and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please inform Habitat for Horses, Inc. and destroy all copies of this document.

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Equine Property Location

If the equine will be kept someplace other than the address listed above, please provide the name of the facility, address, contact person and phone number:

Required Reference Information:

Indicate if you are: currently using this vet or this is a new vet

Equine Veterinarian Reference's Name: _____ Phone No. _____

Address: _____

Equine Professional Reference's Name: _____ Phone No. _____

Address: _____

Indicate Profession: farrier trainer/riding instructor breeder other

Adoption applicants, complete the following; Foster Applicants skip to Current Equine Information

Equine(s) You Are Interested In

List equine names in order of preference:

- 1) _____ 3) _____ 5) _____
2) _____ 4) _____ 6) _____

What do you plan on using this equine for? _____

How much time per week do you plan on spending with the equine? _____

If the equine is rideable, how often each week and for how long do you plan on riding? _____

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

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Current Equine Information

How many equines do you currently have? _____

Date of last vaccinations for your equine/s: ____/____/____, ____/____/____

Vaccinations received: _____

Date the equine/s were last dewormed? ____/____/____ What product was used? _____

Date of last negative Coggins, please list date on all equines:
____/____/____, ____/____/____, ____/____/____,

Equine Experience

If you currently do not have any equines have you previously owned and if so for how long? _____

In the past five years, have you given away or sold any equines? Please explain. _____

In the past five years, have you had any equines pass on while in your care? Please explain. _____

Describe your experience with handling, caring for, riding, and/or training equines.

Who will be feeding the equine? _____

How often do you plan on feeding the equine? _____

How often do you plan on having a farrier trim or shoe the equine? _____

How often do you plan on worming the equine? _____

How often to you plan on having a veterinarian visit the equine? _____

Will the equine be kept in a barn or pasture? _____

If the equine is in a barn, what size are the stalls? _____

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If the equine is in a barn, how often and how many hours will they be turned out? _____

If the equine will be kept in pasture, what size is the paddock/pasture? _____

How many other equines are in the paddock/pasture? _____

Type and size of shelter in the paddock/pasture: _____

Type of fencing surrounding the paddock/pasture: _____

Describe any debris in the paddock/pasture such as limbs, metal, glass, trash, etc.: _____

Do you have plans to remove said debris? _____ If not please explain: _____

Confidentiality Statement

I, the undersigned, understand that certain information pertaining to Habitat for Horses, Inc. may be confidential in nature and that I am to use discretion in discussing policies, current cases and other related issues with non-members. I also understand that it is my privilege as a member to be party to certain email lists, and that no email messages that I receive from these lists may be forwarded to anyone not belonging to that list without first obtaining permission from a member of the Board of Directors. I have read, understand, and agree to adhere to the statement outlined herein.

Acknowledgement

I, the undersigned, understand I am applying to adopt/foster an equine from Habitat for Horses (hereinafter referred to as HfH). I understand that I must complete the application procedure and have the equine property or boarding facility inspected and approved before being allowed to adopt/foster an equine from HfH. I understand that I may not be able to adopt/foster the equine I am interested in for various reasons.

In addition, I understand that HfH may perform a background check to verify my personal information as well as check for any criminal convictions.

By signing this application, I agree that I have read and understand the Adoption and/or Foster Policy of HfH. I understand that I must submit a complete 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 HfH I will be subject to follow up visits in accordance with the Equine Follow Up Policy. I also understand that, in accordance with the Adoption and/or Foster Policy, I may never sell, give away, lease out, send to slaughter, etc. the equine I adopt/foster. I also understand that I may never use the equine for breeding purposes. I also agree HfH 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 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

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neither HABITAT FOR HORSES, INC. nor its employees or agents will be liable for any damages or injury 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 HABITAT FOR HORSES, INC. or any of its employees or agents as a result of any conduct of the equine(s) in my possession, I agree to indemnify and hold HABITAT FOR HORSES, INC., its employees and agents harmless from any such claim, including costs and attorney's fee resulting from such claim.

Every effort has been made to disclose the history of these equines AS WE KNOW IT. These are rescued equines, and in some circumstances we may have little or no knowledge about the equine's prior life or training. We will tell you everything we know about the equine however, we cannot make any guarantees about an equine's temperament or training. It is advised that the adopter pay for Vet Check prior to adopting any equine.

Applicant(s) signature

Date

Printed Name of Applicant(s)

Have you ever been charged with or convicted of animal abuse? _____ 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: ____ / ____ / ____

PLEASE NOTE: Applications will be processed and property inspections conducted within 3-4 weeks of receipt of the application. Availability of a volunteer in your area may cause the timeline to be longer. Final approval depends upon the volunteer inspector's expeditious return of the inspection worksheet and photographs to the Director responsible for final approval of the equine property.

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