Wild Sage Horse Rescue, Inc. Equine Adoption Application

Date Please return this completed application to the Equine adoption coordinator. If you have questions please Email: Wildsagehorserescueadopt@gmail.com or Call/Text 661-341-7610

Name Email

Address

Phone# Alt Phone #

Driver’s License # Employer:

Work Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone #

What is your annual income?

Equine Requirements:

What breed preference:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_Sex:\_\_\_\_\_Color:\_\_\_\_\_\_\_\_\_\_\_

Application for: Equine name: \_\_\_\_\_\_\_\_\_\_\_Rescue #:\_\_\_\_\_

Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_Height:\_\_\_\_\_\_Sex:\_\_\_\_\_\_\_\_\_\_\_Color:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What level of training would you prefer the equine to have?:

Companion [ ] Baby [ ] Untrained [ ] Started [ ] Green [ ] Broke [ ] Finished

What riding discipline is your primary focus?:

Western [ ] English [ ] Jumping [ ] Endurance [ ] Trail [] Barrel racing [ ] Other:

How often will the equine be ridden:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your overall goal for your adopted equine?

Rider Information:

Rider’s: Weight: Height:

How long has the primary rider been riding?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If any other riders? Names, ages, weight & height:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select the most appropriate skill level of the primary rider:

Beginner - very little, if any, experience riding/handling equine:

Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beginner intermediate - able to apply basic aids, comfortable at walk & posting trot:

Explain:

Intermediate - confident riding walk, trot, and canter on a quiet, reliable mount:

Explain:

Advanced Intermediate - can W/T/C, jump a course, can handle the equine, riding or on the ground:

Explain: Advanced - confident, independent seat, soft hands, can handle a spirited equine:

Explain:

Trainer level - highly skilled, can start & finish equine, can handle young/difficult equine:

Explain:

Does the primary rider work with a trainer or riding instructor? If yes, please tell us who:

Name: Phone ( )

If currently riding, how often?

Daily [ ] 4-6 times weekly [ ] 2-3 times weekly [ ] About once a week [ ] Weekends only [] 1-2 times monthly [ ] Seldom [ ] Last time you have ridden:

Does the primary rider work with a trainer or a riding instructor? If yes, please tell us who:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there are any other riders, at what level are secondary riders?

[ ]Beginner - very little, if any, experience riding or handling equine: [ ]Beginner Intermediate - able to apply basic aids, comfortable at posting trot: [ ]Intermediate - confident riding walk, trot, and canter on a quiet, reliable mount: [ ]Advanced Intermediate - can W/T/C, jump a course, can handle the equine, riding or on the ground:

[ ]Advanced - confident, independent seat, soft hands, can handle a spirited equine: [ ]Trainer level - highly skilled, can start & finish a equine, can handle young and difficult equine:

Do the secondary riders work with a trainer or riding instructor? If yes, please tell us who:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility and care Information:

Where will this equine be living? Boarding facility [ ] Private residence [ ] Adopter’s property []

Address where equine will be living:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the approximate size of the turn-out area?

What type of fencing will be used? What will be used for shelter? [ ] Stall [ ] run-in shed [ ]other shelter How much do you anticipate spending yearly on the following items: Grain/hay/supplements:\_\_\_\_\_\_\_\_\_\_\_\_Veterinary care:\_\_\_\_\_\_\_\_\_\_\_

Dental:\_\_\_\_\_\_\_\_\_\_\_ Farrier:\_\_\_\_\_\_\_\_\_\_\_\_ Worming:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who will be responsible for these costs?

 Page 2 of 4

Who will be handling this animal on a daily basis for feeding, watering, and turning out?

Who will care for the animal when you are unavailable to do so (vacation, illness, etc.)?

Please list the equines you currently own or have owned within the past 5 years.

Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_ Sex:\_\_\_\_ Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_Sex:\_\_\_\_\_

 If no longer owned, what happened to the equine?

Which veterinarian will you use for equine care?

Facility address:

Vets name:

Phone number ( )

Name and number of farrier you will be using?

Name

Phone ( )

Have you ever adopted from WSHR before? [ ] Yes [ ] No

If yes, name of equine you adopted:

Please be sure that you have filled out each question thoroughly and honestly. This information will be used to help provide you with the best possible equine match.

By signing, I affirm that I am 18 years of age or over, and the information contained on this form is true to the best of my knowledge. I understand that if I am approved for adoption, I will be required to make a substantial commitment of time and money for up to 35 years for my new equine.

Signature: Date:

Steps For Equine Adoption:

1. !st visit is a greet and meet, you will come and see the horse and spend some time with him/her.
2. 2nd visit is to come and watch the horse being handled and or ridden by one of our trainers.
3. 3rd visit is for you to be able to work with the horse on the ground and under saddle and if you can’t live without this horse and want to adopt, you will receive a Adoption Contract to fill out and leave a non refundable $100 deposit.Deposit is used towards adoption fee.
4. We will schedule a home visit to be completed by a staff member at WSHR to wherever the equine will be kept. If potential adopter wants to adopts the horse and the staff at WSHR are comfortable, the adoption is approved.
5. Adoption fee for the equine adoption will be made and adoption will be finalized, arrangements will be made for the pick up or delivery of the adopted equine..

\*Pre-purchase exams by your veterinarian are encouraged, at adopters cost. \*\*All equines have negative Coggins, are fully vaccinated and wormed with regular farrier appointments every 6-8 weeks. The new owner will receive copies of the equine’s records (veterinary, vaccination, farrier, wormings).

Release For Veterinary Information

In order for your veterinarian to release information regarding the care of the equine in your possession, we request that you fill out this form. It is not filled out by your veterinarian. Please be sure to sign it and return it to WSHR, Inc. along with your adoption application. This information will only be used when considering the eligibility of candidates interested in adoption.

I give my veterinarian Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility name and address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission to release information concerning the veterinary care of my horse to Wild Sage Horse Rescue, Inc. I understand this information is only for the purpose of considering my eligibility for adopting a equine from Wild Sage Horse Rescue, Inc.

Signature: Date:

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_