



ADOPTION APPLICATION

NAME OF APPLICANT: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ CELL PHONE: _____
WORK PHONE: _____ OCCUPATION: _____
EMAIL: _____ FAX: _____

HORSE PREFERENCES

WHAT TYPE OF HORSE ARE YOU SPECIFICALLY INTERESTED IN?

AGE: _____ BREED: _____ HEIGHT: _____

RANGE OF TRAINING: _____

OTHER SPECIFICATIONS (GELDING? MARE?) _____

APPLICANT INFORMATION

BRIEFLY DESCRIBE YOUR RIDING EXPERIENCE: _____

HOW WILL YOU USE YOUR HORSE? _____

ON AVERAGE, HOW MANY DAYS PER WEEK WILL THIS HORSE BE RIDDEN? _____

HAVE YOU OWNED A HORSE BEFORE? _____ YES _____ NO

IF NO, HAVE YOU EVER BEEN RESPONSIBLE FOR ANOTHER HORSE? _____ YES _____ NO

IF YES, FOR HOW LONG AND UNDER WHAT CIRCUMSTANCES? _____

IF YES, DO YOU STILL HAVE THE HORSE(S)? _____ YES _____ NO

LIST THE HORSES YOU NOW HAVE INCLUDING THEIR NAMES, AGES AND USES: _____



STABLING INFORMATION

THIS HORSE WILL BE STABLED AT: ___ BOARDING FACILITY ___ MY RESIDENCE ___ OTHER
NAME OF FACILITY: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ NAME OF CONTACT: _____
NAME OF VET: _____ PHONE: _____
NAME OF FARRIER: _____ PHONE: _____
IS THERE A SHADE STRUCTURE? ___ YES ___ NO DESCRIBE: _____
TYPE OF SHELTER: BARN SIZE: _____ BOX STALL SIZE: _____
RUN IN SHED: _____ SIZE OF TURNOUT AREA: _____
HOW LONG WILL YOUR HORSE BE TURNED OUT EACH DAY? _____

APPLICANT REFERENCES

(Please do not use family members)

NAME OF YOUR PRESENT HORSE VETERINARIAN: _____
PHONE: _____ HOW LONG HAVE YOU USED THIS VET? _____
NAME OF YOUR PRESENT SMALL ANIMAL VET: _____
PHONE: _____ HOW LONG HAVE YOU USED THIS VET? _____
NAME OF YOUR FARRIER: _____
PHONE: _____ HOW LONG HAVE YOU USED THIS FARRIER? _____
NAME OF YOUR TRAINER (if applicable): _____
PHONE: _____ HOW LONG HAVE YOU USED THIS TRAINER? _____

LIST THREE PERSONAL REFERENCES

NAME: _____ PHONE: _____
LENGTH OF RELATIONSHIP: _____ IN WHAT CAPACITY: _____
NAME: _____ PHONE: _____
LENGTH OF RELATIONSHIP: _____ IN WHAT CAPACITY: _____
NAME: _____ PHONE: _____
LENGTH OF RELATIONSHIP: _____ IN WHAT CAPACITY: _____

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