

# R.E.A.S.O.N

Retired Equine Adoption Society Of the Northeast

## ADOPTION APPLICATION

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

If Available

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### PREFERENCES (Please check one of the following:)

GENDER: Gelding \_\_\_\_\_ Mare \_\_\_\_\_ No Preference \_\_\_\_\_

AGE OF HORSE: \_\_\_\_\_ No Preference \_\_\_\_\_

COLOR: \_\_\_\_\_ No Preference \_\_\_\_\_

SIZE: 14 – 15 hands \_\_\_\_\_ 15 – 16 hands \_\_\_\_\_ 16+ hands \_\_\_\_\_ No Preference \_\_\_\_\_

BONE STRUCTURE: Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ No Preference \_\_\_\_\_

### APPLICANT RIDING EXPERIENCE

Height and weight of the person who will be riding: \_\_\_\_\_ Ft. \_\_\_\_\_ Lbs.

What is your level of experience? \_\_\_\_\_ Very Experienced \_\_\_\_\_ Experienced  
\_\_\_\_\_ Somewhat Experienced \_\_\_\_\_ Limited \_\_\_\_\_ Inexperienced

Approximately how many times in the last year have you ridden a horse? \_\_\_\_\_

Use of the horse: \_\_\_\_\_

Have you ever been responsible for the care of a horse or pony before? \_\_\_\_\_

If so, how long and under what circumstances? \_\_\_\_\_

Will the horse be boarded on your property? \_\_\_\_\_ If no, please provide the name, address and phone number where the horse will be stabling. \_\_\_\_\_

What shelter will the horse have? \_\_\_\_\_

How long will the horse be turned out? \_\_\_\_\_ Size of the paddock? \_\_\_\_\_

What type of fencing encloses the turnout area? \_\_\_\_\_

Who will be responsible for daily care and what is their experience level? \_\_\_\_\_

If care is to be provided by persons who are not adults, please list their names, ages, and the name of who will be supervising them? \_\_\_\_\_

Do you currently own other animals? Yes \_\_\_\_\_ No \_\_\_\_\_

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If Yes, please list them here (breed, age, how long owned): \_\_\_\_\_

Will the adopted equine have a companion animal(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

Type of animal(s)? \_\_\_\_\_

### **REFERENCES:**

(We cannot adopt a horse without a reference check. Thank you for supplying accurate information) R.E.A.S.O.N requires a veterinarian reference that is familiar with your animals, a personal reference and a farrier reference. R.E.A.S.O.N also requires pictures of your shelter, turn out area and fencing.

Veterinarian name: \_\_\_\_\_ Years associated: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Farrier name: \_\_\_\_\_ Years associated: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Years associated: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

To aid us in finding your ideal equine companion, we need to learn what you believe the ideal companion is for you. How do you feel this program can benefit you in obtaining your goals in locating this animal?

Comments: \_\_\_\_\_

Your comments are welcomed and we appreciate your interests in our program. Please stay in contact with us by phone or e-mail to ensure your continued interest until we are able to locate the "ideal" companion for you and your family.

I understand, according to the law, I will be responsible for providing the proper care and ongoing maintenance of the horse. This includes, but not limited to, providing appropriate year round shelter, free access to water, proper feed, inoculations, dental care, hoof care and worming. I will be responsible for providing veterinary care as necessary in the event of illness or accident.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian (If under 18): \_\_\_\_\_

**\*\*Please Note: Your donation at the time of placement is NON-REFUNDABLE.**

When you have completed your application and reviewed your placement agreement completely, please forward your application to:

**Retired Equine Adoption Society Of The Northeast**

**RR2 Box 379**

**Harveys Lake, PA 18618**

**(570) 333-5266**

[For Placement Coordinator Use Only]

Horse Adopted: \_\_\_\_\_ Date: \_\_\_\_\_

NON-REFUNDABLE DONATION: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_

Placement Coordinator: \_\_\_\_\_

**R.E.A.S.O.N ♦ RR2 Box 379 ♦ Harveys Lake, PA 18618 ♦ Phone: (570) 333-5266**