



CARE (Crossroads Animal Rescue) Equine Adoption Application

Name: _____

Address: _____

Phone Number (s): _____

1. Do you have horses now or have you ever owned a horse? ____ (if no, skip to question 6)

If yes, list their info below and answer questions 2-5:

Name: _____ Age: ____ Use (ie trail riding, pasture pet, etc): _____

Name: _____ Age: ____ Use: _____

Name: _____ Age: ____ Use: _____

Name: _____ Age: ____ Use: _____

2. Where are your horses kept? (ie pasture, stall, or both): _____

3. Do you own the land where your horses stay or do you board them? _____

4. Who is the vet for your horses? _____

(we may contact your vet for a reference)

5. Do your horses receive yearly vaccinations? ____

a. Which vaccines do they receive? _____

b. Does your vet give vaccines or do you buy them over the counter? _____

If you have never owned a horse, please answer questions 6-8.

6. Where do you plan for this horse to stay? _____

7. If on your pasture, how much land do you have fenced? _____

8. What vet do you plan to use? _____

Information about the horse you are interested in:

Name: _____ Age: _____ Breed: _____

Level of training currently: _____

Known Health Concerns, If Any: _____

1. Do you plan to ride this horse? _____

If so, which discipline (ie trail rides, lessons, jumping, etc) : _____

2. Do you plan to have others ride this horse? ____ If so, are they kids or adults? ____

CARE Equine Adoption Agreement

I agree that this horse is being adopted for myself/my family, not as a gift for someone who is unaware of the adoption. I agree to provide food, water, adequate shelter, and veterinary care if injured or ill. I understand that if I return the horse to CARE, there will be no refund of the adoption fee. I understand that CARE / Crossroads Animal Hospital makes no guarantee about this horses' health status, temperament, or training level. All listed information is based on what we have observed while we have owned this horse, but we usually do not know much history from before we acquired the horse.

I understand that future medical care is my financial responsibility, including illness or injury that occurs shortly after adoption. This horse appears healthy at this time (except as listed under known health concerns) but we make no guarantee to future health, soundness, or behavior/temperament of this horse.

Signature or Adopter

Date