

Preliminary Adoption Application

The Ride-A-Rescue Inc. (RAR) requires all applicants to submit a \$100 processing fee which is returned if we cannot approve you and is applied to your first adoption if you are approved, however this \$100 fee does not count toward the 5 working sessions with your adoption horse of interest. RAR requires a copy of the adopter's driver's license or picture Identification and a copy of a utility bill or some other form of residence verification along with photos showing: fencing, gates, pasture, barn/shelter, the adopted horses stall, other horses owned and the adopter/primary rider in the saddle if looking for a riding horse. If you have a video of the primary rider riding, provide a copy or if it is published on line, direct us to the website. RAR cannot process applications without pictures, utility bill, I.D. and processing fee. Return the application package to the address listed above. You can email your application to get approved quickly but we still need the entire original documents send via mail with original signatures.

Please note that if you are applying to adopt a horse that you currently lease from Ride-A-Rescue, the \$100 processing fee is still required but the 5 working sessions with your adoption horse may be waved. The waver of the working sessions is at the solely discretion of the Ride-A-Rescue board members. It is also very important that you keep in mind that your monthly lease payments are **not** considered payments toward the adoption of your leased horse. Lease payments are designed to **help** cover **some** of the cost of feeding, care and maintenance of leased horse and should in no way be considered as payments toward a horse. Typical feeding, care, maintenance and up keep of a horse exceeds the cost a monthly lease fee, by 30-70%. Please take great consideration of that fact and make sure you understand the actual cost of owning a horse before applying to adopt a horse.

Today's Date: _____

Horse you are considering adopting (if known): _____

How did you hear about us? _____

Part 1. Personal Information (Adopters must be 21 years or older and have a steady source of income, the adopter is considered the person responsible for the financial support of the horse).

1. Full name of adopter _____
2. Other names or last names used (if applicable) _____
3. Age of adopter _____ Date of Birth _____ (month/day/year)
4. Social Security Number (secured by privacy act) _____
5. Complete home physical address _____

City _____ State _____ Zip _____

Mailing address _____

Numbers of years at this address _____

County residing in _____

6. Home Phone Number _____

7. Work Phone Number _____

8. Do you own your home? _____

9. Do you own the farm where the horse will be residing? _____

10. List each state you have resided in _____

11. A work number to verify employment _____

12. Cell Phone Number _____

13. Home email _____

14. Work email _____

15. Place of Employment with address _____

16. Occupation _____

17. Years at the present occupation/employer? _____

18. What is your income (annual gross)? _____

19. How much of your salary is required for your current debts? (example: 50% or ½ of salary goes to debts such as car, mortgage, credit card debt, etc) _____

20. Do you realize it takes between \$3000. to \$7000. a year to care for a horse (feed, vet, farrier, board, deworming, lessons, training, etc)? _____

21. Describe any health, mental, physical, family or work issues, which could restrict your ability to care for, handle, ride/drive and provide for your horse. _____

22. Will there be anyone else helping you pay for the care of your adopted horse? _____

If yes, who and why (give full name)? _____

23. Are you married? _____ if yes, how long have you been married? _____
24. Have you filed for bankruptcy in the last 10 years? _____ If yes, why (divorce, illness, laid off, foreclosure)?

25. Has anyone in your household ever been convicted of any crime or accused of inhumane treatment or neglect of animals or people/children? _____ If yes, please explain

-

Part 2. Horse Experience and History

1. What is the intended use of the horse? Please check any and all possible uses:

- | | | |
|--|--|---|
| <input type="checkbox"/> Companion (no riding) | <input type="checkbox"/> Pleasure riding only | <input type="checkbox"/> Trail riding |
| <input type="checkbox"/> Dressage | <input type="checkbox"/> Jumping | <input type="checkbox"/> Barrels/poles/contest |
| <input type="checkbox"/> endurance | <input type="checkbox"/> Competitive trail | <input type="checkbox"/> Eventing/Cross Country |
| <input type="checkbox"/> Baby sitter | <input type="checkbox"/> Pasture buddy | <input type="checkbox"/> 4-H |
| <input type="checkbox"/> Pony Club | <input type="checkbox"/> Lessons with adopter | <input type="checkbox"/> Driving |
| <input type="checkbox"/> Professional Lesson horse | | <input type="checkbox"/> Professional trail horse |
| <input type="checkbox"/> Lead line with children | <input type="checkbox"/> Fox Hunting | <input type="checkbox"/> Hunt Seat on the Flat |
| <input type="checkbox"/> Western Pleasure | <input type="checkbox"/> Pony horse or Outrider | <input type="checkbox"/> Reining/cutting |
| <input type="checkbox"/> Herding cows/farm work | <input type="checkbox"/> Work Horse | <input type="checkbox"/> Polo |
| <input type="checkbox"/> Police horse | <input type="checkbox"/> Mounted Patrol | <input type="checkbox"/> Search and Rescue |
| <input type="checkbox"/> Vaulting | <input type="checkbox"/> Historical Reenacting | <input type="checkbox"/> Ceremonial /Color Guard |
| <input type="checkbox"/> Carriage or Fine Harness | <input type="checkbox"/> Family horse | <input type="checkbox"/> Child horse (below age 16) |
| <input type="checkbox"/> Beginners horse | <input type="checkbox"/> Field Trials/Bird Hunting | <input type="checkbox"/> Local showing/competing |
| <input type="checkbox"/> Regional Showing | <input type="checkbox"/> National level showing | |
| <input type="checkbox"/> Other –Describe: _____ | | |
-

2. Have you owned a horse before when you were the primary care giver and financially responsible for the horse? _____ If yes, how many _____

Explain their use and type of riding, frequency and intensity of riding:

3. Is the primary rider: (Check one)

1) Beginner (def: no professional training or not currently riding),

2) Intermediate (def: can presently ride a canter, a shy, straight buck, spook or run off on something other than a lesson horse or professional trail horse)

3) Advanced (in the last 5 years you have trained people and horses, have broke horses, ridden young and green horses, ridden hot horses (TB and Arab), competed more than 10 times a year and riding consistently at present)

4)Other: (explain) _____

4. How many years of consistent riding does the primary rider have (def. riding at least one day a week)? _____

5. Breeds and ages of horses the primary rider has handled and ridden in the last 5 years?

6. Have you sold any horses in the last 5 years? _____ If yes, how many _____ Why were they sold? _____

7. How many horses do you have now or how many are you financially or personally responsible for?

8. Why do you want to adopt from RAR? _____

9. Why are you looking for another horse?

10. What kind and how much riding has the primary rider done over the last year? _____

11. How did you and the primary rider get your horse training/experience? Check all that apply:

1)books/videos/clinics 2)lessons 3)showing 4)competing 5)trainer

6)personal experience 7)equine schools 8)equine employment

10)4-H Pony Club 11)Equine colleges 12)personal experience

7)specialized training with Parelli, Lyons, Anderson or, Roberts 14)an educated mentor

15)Other (describe) _____

12. Are you also the primary rider/handler? _____

13. What is the height and weight of the primary rider/handler? _____

14. What is the height and weight of the heaviest rider? _____

15. Do you have a trainer? _____ If yes, what is the trainers name and phone number

16. What is the most important characteristics you are looking for in your horse (example: temperament, training level, experience, a certain riding discipline, color, breed, age, sex, etc)

17. What are the maximum number of hours this horse will be worked/ridden:

per day? _____ Per Week? _____

Part 3. References and Facilities

1. Vet Full name and Phone number _____

Farrier Full name and Phone number _____ Horse

related reference, Full Name and Phone Number _____

2. Have you used this vet and farrier before and will they have you listed as a client? _____ if no, give 2 additional references below:

Horse related reference name and phone number (someone who can vouch for your experience and level of care) 1) _____

2) _____

A Vet who can give you reference (name and phone number) _____

3. Will this horse be kept at home (the address listed above) or boarded out? _____

4. Do you live on the property where the horse will be kept? _____

5. Does anyone live on the property where the horse will be stabled at? _____, if yes, give name and contact information _____

6. Give the number of clear cut level acres of pasture that the adoption horse will be kept on _____ what is the total number of large animals on this property? _____

7. What type of shelter do you have for this adoption horse (example: barn, stall, 3 sided shed, describe in detail)

8. If you have a barn, give the number of stalls _____ Give the size (in feet) of the stall that will be used on a daily basis for this adoption horse _____

9. What type, condition and height of fencing do you have for this adoption horse (example: 5' tall new board, wire, horse mesh, horse braid, etc) _____

10. What is your turn out plan for this horse (how many hours a day, alone or with other horses, number of horses, same sex)

11. Will this adoption horse ever be fed in the pasture with other horses? _____

12. Explain the conditions on which you put horses into shelter (bad weather, summer, winter, sickness, etc)

13. Do you rug or blanket horses? _____ If so in what conditions? _____

14. Do you grain and hay horses daily? _____ Twice a day? _____

15. Describe all facilities (example round pen, paddocks, indoor or outdoor riding rings, trainer or vet onsite, etc) _____

16. Describe the following types you will use with this adoption horse :

1) Bedding: _____ 2) Watering System: _____

3) Hay: _____ (Check one) Round square

4) Grain: _____

If you do not own the land or facility on which the adoption horse will be kept, provide the following:

Name of Boarding facility: _____

Full Name of facility owner: _____

Physical Address of boarding facility: _____

City: _____ State: _____ Zip Code: _____

County: _____

Phone number(s): _____

Have you boarded at this facility before? _____

Note: If you are going to board this adopted horse at a boarding facility or anywhere that is not your personal property then the Boarding Facility Acknowledgment and Agreement must be filled out and signed by the Boarding Facility/land owner where the horse will be keep.

I promise that this application is completely true. Myself and all my family members totally support this decision and I will abide by the adoption contract totally. I take this oath freely, with no personal agenda or deception.

Adopters Printed Name: _____

Adopters Signature: _____ Date: _____

Write down anything else you need to tell us about this adoption or you: _____

Boarding Facility Agreement

As the boarding facility owner I understand I cannot take any RAR adoption horses on a lien for nonpayment as they are owned by RAR HQ and not the adopter/boarder. I understand that RAR will not pay any bills of the adopter/boarder. I will call RAR HQ immediately so that RAR can recover the horse if the adopter is late on payments to anyone for horse related bills, is abusing or neglecting the horse or planning to move the horse to another facility as that is not authorized without RAR's written consent. I understand the adoption horse requires grain, hay, fresh water, turn out, exercise, daily personal attention, a clean stall and fresh bedding daily, shots and coggins annually, farrier and deworming every 8 weeks and dental floats annually.

Name of Boarding facility: _____

Full Name of facility owner: _____

Physical Address of boarding facility: _____

City: _____ State: _____ Zip Code: _____

County: _____

Phone number(s): _____

Has this applicant boarded at this facility before? _____

Boarding Facility Owner Printed Name: _____

Facility Owner Signature: _____ Date: _____