7315 State Rte. 54
Bath, NY 14810
607-776-3039
www.fingerlakesspca.org

F.L. SPCA Equine Adoption Application

To ensure that the horse you want to adopt will be compatible to your needs and experience and be placed in an environment that is compatible with its needs, we would like you to provide the following information.

CONTACT/IDENTIFICATION INFORMATION

DATE: _____

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

YEARS AT CURRENT ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL/PAGER: _____

COMPLETE ADDRESS: _____

EMAIL: _____ FAX: _____

DRIVERS LICENSE # & STATE: _____

APPLICANT'S PREFERENCE FOR A HORSE

What qualities do you prefer?

Gender_____ Height_____ Color_____ Age_____

What is the reason you want to adopt a horse? Check all that apply

Trails/pleasure riding Breeding Shows Companion Handicap Program Youth Program

Other (explain): _____

If you are interested in a specific horse, please note here: _____

FINGER LAKES SPCA, INC.

APPLICANT'S HORSE EXPERIENCE

Have you ever owned a horse before? _____

If not, will you be working with someone to teach you about essential care? _____

If you have ever owned a horse, please list below the ones you currently own and/or have owned within the past 10 years:

Breed	Age	Sex	Currently Owned (yes/ no)	Disposition of Horse (if not currently owned)

Please describe your previous experience and/or education regarding horses?

_____

_____

_____

Do you have experience riding? _____ If yes, how long have you been riding? _____

Any experience with green/off the track thoroughbreds? _____

Many of the horses available in most cases have had little training and have not been ridden since they left the race track, etc. The horse you adopt probably will need some additional training. In the event you adopt a young or untrained horse, how do you plan to provide training for the horse?

___I am experienced with untrained horses and plan to train the horse myself
___I plan to hire a professional trainer to work with the horse
___I have experienced friends/associates who will work with me and the horse
___Other, please explain_____

If you plan to use the help of a trainer or friend, please provide their name and telephone number:

Trainer:_____

Finger Lakes SPCA, Inc.

Are you aware that the cost of caring for a horse is a minimum (emergencies excluded) of $2,500 a year? _____

Do you know the signs of colic and how to handle it? _____

_____

If the equine is underweight, what would you do to improve his/her conditions?

_____

Do you know the signs of founder? _____

Can you recognize the symptoms of a lame horse? _____

ACCOMODATIONS, ROUTINE CARE & INTENDED USE FOR THIS HORSE

What is the intended use/hopes for this horse?_____

Do you intend to use this horse for breeding?_____

Will the equine be stabled on your property? (Yes or No)

If no, please complete the following information on where you will board a horse

Name of Facility: _____

Facility Address: _____

Veterinarian Name & Phone Number: _____

Manager Name & Phone Number: _____

Will this horse be provided with an equine companion?_____

Describe the shelter to be provided for the horse? _____

Do you have an isolation area (if yes-describe)? _____

What type of fencing encloses the turn-out area? _____

How many acres of pasture will be available to the horse/How large is turn-out area? _____

How long will the equine be turned out each day? _____

Specifically, who will be responsible for daily care of the horse? Self_____ Other_____

If you checked other, is this person experienced _____ somewhat experienced _____ not experienced____

If any caregivers are under 18 years, list their names, ages, and the name of the person who will be supervising:

_____

_____

How will you provide water for the equine? _____

What do you anticipate you will feed this horse? _____

Describe how you will provide the following/with what frequency?

Worming/Parasite Control: _____

Farrier/Hoof Trimming/Shoeing: _____

Dental/Float Teeth: _____

Shots/Immunizations: _____

GENERAL

Are you employed? _____ If applicable-place of employment: _____

Do you have the financial resources to provide for this horse's proper care? _____

Are you prepared to make the commitment to work through any behavior or health problem that may arise with your new horse?

_____

Horses can live 30 years, are you prepared to make a long term commitment? _____

APPLICANT'S REFERENCES (no relatives please)

Veterinarian

Name: _____

Address: _____

Phone: _____How long have you known this person?_____

Farrier

Name: _____

Address: _____

Phone:_____How long have you known this person?_____

Neighbor

Name: _____

Address: _____

Phone:_____How long have you known this person?_____

Are you willing to have F.L.SPCA personnel visit the property where the horse will be kept?_____

I certify the information I have provided on the Finger Lakes SPCA's Equine Application is true and complete.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY –

Approval Status: _____ Adoption Specialist: _____

Equine: _____Applicant: _____

Notes: _____