



# Finger Lakes SPCA

Serving Steuben County and the Finger Lakes Region

72 Cameron Street  
Bath, NY 14810  
607-622-5363  
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: \_\_\_\_\_

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### 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: \_\_\_\_\_



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## 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: \_\_\_\_\_



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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? \_\_\_\_\_



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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:

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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?

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



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## 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: \_\_\_\_\_