



FALLEN OAK
EQUINE RESCUE AND REHABILITATION
12418 SE 47th AVE, BELLEVIEW, FLORIDA

Equine Adoption Application

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Applicant Experience/Knowledge Summary

1. Is this your first horse? Yes No
2. Do you currently own or have you in the past owned any other horses? Yes No
 - A. How many horses do you currently own? _____
 - B. How many horses have you owned in the past 5 years? _____
3. Have you ever surrendered or donated a horse to a rescue? Yes No
4. In the past 5 yrs have you had an equine pass on while in your care? Yes No

If yes please explain: _____

5. Describe your experience with handling, caring for, riding, and/or training equines:

6. What is your riding ability? Beginner Intermediate Advanced

7. What is your preferred riding discipline? _____

7. Describe your horses preventative health care & maintenance program:

A. De-worming program: _____

B. Vaccination Schedule: _____

C. Farrier: _____

D. Feed: _____

E. Hay: _____

Facility

1. Will your horse be kept at the address above? Yes No

If no :

Facility / Owner Name: _____

Address: _____

Phone Number: _____

2. What kind of fencing will be used?

3. Will your horse have a shelter in the paddock? Yes No

Please explain what type of shelter:

4. Please describe the barn in which your horse will be stabled: _____

Equine(s) in which you are interested:

List equine name(s) in which you are interested in adopting

1. _____

2. _____

What do you plan on using this equine for? _____

Are you willing to take a horse that is a companion only? Yes No

Are you willing to take a horse that is not yet broke/trained? Yes No

What is your preference?

A. Breed: _____

B. Size: _____

C. Gender: Mare Gelding

D. Age: _____

E. Training Level: _____

References:

Please list (2) personal references not related to you, that have information about your capability to care for, train, and/or ride a horse/equine.

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

Please list your Veterinarian:

Name: _____ Phone: _____

Address: _____

Length of Use: _____

Please list your Farrier:

Name: _____ Phone: _____

Address: _____

Length of Use: _____

Background Check:

The following information is required for a criminal background check. All information will be protected as private and confidential. The background check does not determine whether or not you are approved for equine foster care.

Have you ever been charged with or convicted of animal abuse? Yes No

If yes, please explain: _____

Have you ever been arrested, convicted, or charged with a felony? Yes No

If yes, please explain: _____

Please read and initial before signing:

_____ I understand that adopting a horse is a very big emotional and financial responsibility. I am sure that I am ready for this responsibility and that I have the knowledge and experience to care for the adopted equine.

_____ I understand that Fallen Oak Equine Rescue and Rehabilitation, Inc. (Fallen Oak) will perform a property inspection before any equines may be moved to said property. I also understand that Fallen Oak has the right to request that changes be made to the property before adoption may take place.

_____ I understand that Fallen Oak requires that I make a visit to work with my equine before I can adopt it, including general handling, maintenance, training, and riding.

_____ I understand that Fallen Oak has the right to refuse any adoption applicant, even if the applicant has been previously approved. I also understand that there is no guarantee that I will be awarded approval for equine adoption.

_____ I promise to care for the adopted equine to the absolute best of my ability and that I will not exploit/sell/breed the equine for my own personal or monetary gain. I agree to contact Fallen Oak for first right of refusal if I feel that I am unable to care for the adopted equine to the best of my ability or if my personal circumstances change. If for some reason Fallen Oak cannot take back equine then any new potential owners for equine must fill out a Fallen Oak adoption application and be approved by Fallen Oak before ownership of equine can transfer.

_____ My signature below signifies that all of that which I have stated above is honest and truthful. I also agree to allow Fallen Oak Equine Rescue and Rehabilitation, Inc. to use my listed information to perform a background check.

*The following information is required for a criminal background check. All information will be protected as private and confidential. The background check does not determine whether or not you are approved for equine foster care.

Date of Birth: ____ / ____ / ____

_____ Date _____

Applicants Signature

_____ Applicants

Printed Name

The following is for Fallen Oak Equine Rescue use only:

Application Approval: GRANTED DENIED

If denied, why? _____

Reviewed by: _____

Equine for Adoption: _____

File Number: _____

Date of Adoption: _____

Adoption Fee: _____