

**POLO PONY RESCUE, INC.**

**Adoption Application**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w)

E-mail \_\_\_\_\_

Answer all the following questions and return to Polo Pony Rescue, Inc.

**Background and Experience**

1. Have you previously owned a horse? If so, when and for how long? If yes, did you board or directly care for your horse? If you currently own horses, please list them and where they live.

2. What is your level of experience with horses (beginner, intermediate, advanced)? Please describe your experience in detail (i.e. have you taken lessons from a professional trainer; have you competed, etc.).

3. Will the horse be primarily for yourself to ride or other family members as well? If so, please describe their ages (if under 18) and levels of experience.

4. If you will keep your horse at home, have you kept a horse at this location before?

5. What are your plans for this adopted horse? (Type of riding, competition, etc.)

### **Shelter**

1. Where will you keep the horse (home, boarding facility, other)? Please provide the name, address and contact information for the facility or caretaker.

2. Will the horse be stalled? If so, what are the stall dimensions, i.e. 12x12, and is daily turnout provided? Please describe the turnout area (acreage), number of horses sharing the area, type of fencing, flat or hilly, etc.

3. If your horse will be primarily in a pasture, what type of shelter is provided? What type of fencing encloses the pasture? What is the acreage of the pasture? How many horses share the pasture? Describe forage in pasture (wooded vs. open acreage).

## **Nutrition**

1. How many times per day will the horse be fed?
2. What will the feed consist of?
3. Will pastured horses be separated at feeding times? How will this be accomplished?
4. Will the horse have access to a constant clean water source? Please describe.

## **Maintenance**

1. How often will you vaccinate the horse? What vaccinations will be administered?
2. Please describe your worming program.
3. How often will you have your horses teeth floated?
4. How often will your horse's feet be trimmed or shod?

5. Who do you plan to use as your equine veterinarian?

Name:

Phone:

Email:

6. Who is your farrier?

Name:

Phone:

Email:

7. Do you have a trainer/riding instructor?

Name:

Phone:

Email:

8. Please provide two references (other than family members) who can verify your ability to provide proper care for the horse,

Name:

Name:

Phone:

Phone:

Email:

Email:

**ALL APPLICATIONS ARE REVIEWED BY THE BOARD OF DIRECTORS. ALL FINAL DECISIONS ON ADOPTIVE HOMES ARE VOTED ON BY THE BOARD OF DIRECTORS.**

By signing this Adoption Application, I declare that I am 18 years of age or older and that all of the information that I have submitted to be the truth, to the best of my knowledge, and if found to be fraudulent, that I will be denied approval of adoption, and I could be held liable for any damages incurred by Polo Pony Rescue, Inc. I, the Adopter, agree that Polo Pony Rescue, Inc. has my permission to contact anyone named in this application, as well as to conduct a general background and criminal check on myself and my spouse, if any. I understand that I will be notified within seven (7) days if my application has been approved and at that time, a site visit will be scheduled. **An application does not become fully approved until a site visit has been conducted by a Polo Pony Rescue, Inc. representative and the site is found to conform with Polo Pony Rescue, Inc's guidelines for safe horsekeeping.**

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Signature of Adopter

Date

**PLEASE PRINT OUT, COMPLETE AND SUBMIT WITH A PHOTOCOPY OF YOUR DRIVER'S LICENSE OR STATE ISSUED PICTURE ID TO:**

POLO PONY RESCUE:

E-mail: [info@poloponyrescue.com](mailto:info@poloponyrescue.com)

Fax: 888-942-9997