



The Horse Shelter

Rescuing abused, abandoned and neglected horses throughout New Mexico

ADOPTION APPLICATION

Name: _____ Date: _____

Physical Address: _____

City, State, Zip: _____

Mailing Address: _____

Phone

Home: _____ Work: _____

E-mail: _____ Cell or pager: _____

1) Is this your first horse? _____ If no, when did you own a horse? _____

Were you sole caretaker of the horse? Y___ N___

Explain:

Have you had full charge of the care of someone else' horse? Y___ N___

Explain: _____

2) Do you have a preference as to age, breed, gender, size, etc.? _____

5) Who will be the primary rider/handler?

_____ Age: _____

If you are interested in adopting a riding horse, please fill out and **submit our Riding Experience Checklist**, for us to be able to find a good match for you.

6) Will you have a professional trainer if the horse you adopt is not within your experience level? _____

7) Will others handle and/or ride the horse? If so under what circumstances?

8) What kind of activities do you plan to pursue with the horse? (check all that apply)

English_____ Western_____ Trail_____ Showing_____ Jumping_____ 4-H_____

Roping_____ Barrels_____ Packing_____

Other (please

describe):_____

9) How will horse live? Stall_____ Outdoors_____

Briefly describe, including amount of space, shelter, other equine and non-equine animals_____

10) Please describe specifically the daily feeding routine for an average horse of the age and type you hope to adopt.

11) Please provide two references, not related to you, who have information about your capability to care for a horse.

1) Name and phone:_____

Address:_____

2) Name and phone:_____

Address:_____

12) Please provide the names of your veterinarian and farrier if you have them.

Vet:_____

Farrier:_____

The Horse Shelter, 100AB Old Cash Ranch Rd, Cerrillos, NM 87010
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