

Animal Guardians Horse Rescue, Inc.
Equine Adoption Application

Thank you for your interest in adopting an equine from Animal Guardians Horse Rescue, Inc. (AGHR). Our goal is to find the best possible home for our animals. To help us in meeting this goal, please answer the following questions completely, honestly and to the best of your ability. Your accurate responses will also help us to match you with a horse who best meets your criteria. We hope to find your forever 4-legged loved one as a companion animal for life.

Contact Information: _____ Date of Application: _____

Applicant's Full Name in Print: _____

Current Living Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Do you currently own or rent the property where this horse will be housed? ___ own / ___ rent

If this property is leased, when does your Contract end? _____

If this property is leased, what is the Full Name, Phone Number, Fax, & Email of the Landlord for this property: _____

Is the Landlord fully aware, and in agreement, with you housing a rescue horse on the premises long-term? ___ yes / ___ no

If you move, what will happen to this horse? _____

Applicant's Employer's Name in Print: _____

Address of Employment: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Fax: _____

How long have you been employed here? _____ years / months

If unemployed or self-employed, who will be responsible for financially supporting this horse for the rest of it's life? _____

Do you currently have a savings account with at least \$800.00 (eight hundred dollars) allotted for necessary humane euthanasia and removal of this horse in case of emergency? ___ yes / ___ no

If not, what is your plan to end suffering and pain beyond quality of life? _____

If you become financially unable to care for this horse, what will you do with him/her to ensure his/her safety and well being? _____

Street Address where this horse will be kept: _____

City: _____ State: _____ Zip: _____

If Applicable, Barn Caretaker's/Manager's Full Name, Address, & Phone Number in Print:

If this address is a Boarding Stable, what is Name, Address, Phone Number, & Owner's / Manager's Name: _____

If this address is a Boarding Stable, does someone live on-site to look after emergencies during closed or night hours? ___ yes / ___ no

If the adopted horse will be housed on a private property, is this property zoned for more than 1 horse? ___ yes / ___ no

Please tell us who will be responsible for this horse's:

Feeding/Watering/Daily Care: (name) _____ (age) ___ (experience) _____

Vaccines/Dewormer: (name) _____ (age) ___ (experience) _____

Grooming/Bathing/Exercise (name) _____ (age) ___ (experience) _____

Training (name) _____ (age) ___ (experience) _____

Please tell us why you selected this particular equine, and why you would like to adopt a horse from AGHR? _____

Our goal is to adopt our horses to people who are committed to lifetime care for the horses they adopt. The only way we can continue to help more horses is if we are able to place our horses into these types of homes. We also understand that sometimes things happen that can disrupt the best of plans &/or intentions. So, while we ask that you agree to sign a Right of First Refusal and No Auction/Slaughter Clause upon adoption, we also ask that you consider this question VERY CAREFULLY:

If the horse(s) you adopt is/are rideable, do you agree to provide care for the horse for the rest of his/her life, even after he/she can no longer be ridden? Do you agree to provide necessary humane euthanasia to avoid unnecessary suffering in such circumstance which this adopted horse may have limited quality of life and will endure pain and suffering to the end? Will you care for this partner until the final crossing of the rainbow bridge?

___ yes / ___ no

If no, please explain: _____

If you are approved for adoption, will this be your first horse? ___ yes / ___ no

If you adopt a horse from AGHR, are you willing to allow an AGHR representative to do a property & facility check at least 2 times per year, for the first 12 months following this horse's adoption? ___ yes / ___ no

Are you willing to send informational updates and photos regarding your adopted equine upon request, at least 2 times per year, for the first 12 months following this horse's adoption? ___ yes / ___ no

If you adopt a horse from AGHR, what would your expectations of the horse be?

Please describe your level of experience with horses:

___ novice ___ beginner ___ intermediate ___ experienced ___ professional

Do you currently own a horse? ___ yes / ___ no If so, how many? _____

Explain what style or type of training techniques you prefer, and what training tools & riding equipment you use: _____

If you have had horses in the past, please tell us what they were used for and why you do not have them now: _____

How often do you feel a horse should be dewormed? _____

How often do you feel a horse should be vaccinated? _____

How often do you feel a horse's teeth need to be checked/floated? _____

How often do you feel a gelding's sheath should be cleaned? _____

How often do you feel a horse's feet should be cared for by a farrier? _____

How often do you feel a horse should be bathed/groomed? _____

How often do you feel a horse's feet should be cleaned? _____

Do you favor barefoot trims or shoeing, and why? _____

Do you have a specific breed preference or type? ___ yes / ___ no

If yes, what is it and why? _____

Do you have a specific age, color, or gender preference? ___ yes / ___ no

If yes, what is it and why? _____

If you are interested in a riding horse, please answer the following questions:

What would you like to use the horse for (i.e. trail, western pleasure, english pleasure, showing, jumping, therapeutic riding, lessons, breeding, natural horsemanship, rodeo eventing, parades, patrol, etc.) ?

In a typical riding or exercise session, how long (minutes or hours) will you be working this horse without a rest break period, and how strenuous would the activity be?

What is the name, age, height, and weight of each person who will be riding this horse?

Name(s): _____

Age(s): _____ Height(s): _____ Weight(s): _____

What is the experience level in riding for each rider who will be mounted on this horse?

What is the purpose for each rider in riding this horse? _____

If you are interested in adopting a horse for riding or non-riding companion purposes, please answer the following questions:

What other animals will this horse be living with in his/her retirement home?

What sort of facilities / shelter would this retired horse have for his/her daily life?

How will you ensure that this horse will not be injured by another horse in a pasture situation, or by improper handling and riding in unsound condition?

If you are not riding this horse, how will you properly exercise this equine so as to maintain optimal health and body condition when not being ridden?

How much do you anticipate spending annually for feed, hay, veterinary & farrier care, medications, special dietary needs, and/or boarding? _____

What sort of fencing surrounds the property where this horse will be housed? _____

AGHR does not approve of barbed wire or single strand electric fencing. We can discuss possible solutions / accommodations to approve of alternate fencing for you.

If this adopted equine will be housed in a barn or stall, what is the size of the stall and what type of footing & fencing / shelter top does it include? _____

If this adopted equine will be housed in a pasture or paddock / bull pen, how many & what gender of fellow equines will be sharing the space? _____

How will you ensure that this horse obtains adequate hay, feed, nutritional supplements, medications, and fresh water in the field daily? _____

How will you ensure that this horse is integrated safely into a herd situation, so as to avoid fighting, injury, shunning the horse from the herd, or unplanned breeding? _____

How will you ensure that there is adequate shelter and dry footing for every equine in inclement weather, so as to avoid prolonged mud, rain, sun, wind, and/or hail exposure? _____

How will you ensure that this equine is safe from theft, abandonment at a stable, injury caused by public visitors, or otherwise abuse/neglect in the facility? _____

How often, and for how long, will the horse be turned out for socialization & physical activity?

Please provide us with your Equine Veterinarian's and Professional Farrier's References Below:

1.) Vet Name: _____ Ph: _____ City: _____

2.) Farrier Name: _____ Ph: _____ City: _____

Please provide us with 2 references, people not related to you, who can testify to your ability to provide for, and care for, a horse.

1.) Name: _____ Ph: _____ 2.)

Name: _____ Ph: _____

Please return this application to us along with at least 4 current photos of the property where you will keep your adopted rescue horse, and your other horses if you have any. Completed applications

will be screened within a one week time frame, and applicants will be contacted to come for a personal interview with the horse(s) they are applying to adopt. If approved, your application will be kept on file for 1 year and we will notify you of other equines in need of adoption if you don't choose one at this time. Please contact us with any questions at: animalguardianshorsescue@gmail.com or (805) 368-9123 (text preferred).

Thank you.