



ADOPTION APPLICATION

Thank you for your interest in adopting a horse from the Equine Rescue and Adoption Foundation, Inc. (ERAF). Please complete this application and return it to ERAF for consideration. Our mailing address is P.O. Box 1199, Palm City, FL 34991. We appreciate your support!

Adopters/Caretakers and boarders must be 18 years or older and have no past, current or pending criminal charges or convictions or charges of violating any animal welfare regulations. A parent or guardian must adopt an animal for a child under 18.

Applicant's Last Name:		First Name:		Middle Initial:
Street Address or P.O. Box: <i>(P.O. Box Address requires physical facility address on page 2)</i>			City:	State:
Driver's License Number:		State:	Birth Date:	
		Last 4 digits of Social Security Number:		
Home Phone: <i>(Include Area Code)</i>	Alternate Phone: <i>(Include Area Code)</i>		Email Address:	

References:

#1 Name: _____ Relationship: _____

Phone Number: _____

#2 Name: _____ Relationship: _____

Phone Number: _____

#3 Name: _____ Relationship: _____

Phone Number: _____

Question 1: Horse Preferences

Gender: Mare Gelding Stallion
Level: Green Started Under Saddle Broke
Age Preference: Under 1 Year 1-5 6-10 11 or older Custom: _____
Height Preference: Under 14.2(Pony) Over 14.3(Horse) Custom: _____

Use of horse:
Check all that apply

Trail
Lessons Type of Lessons: _____
Competition Type of Competition: _____
Driving
Endurance/CTR
Companion Only

Do you own other horses? Yes No
If yes, please describe Name/Age/Attitude on a scale of 1-10 (1 being easy going and 10 being dangerous)

The following horse(s) on ERAF property that applicant is interested in adopting is:

Question 2: Rider Information:

Weight: _____ Height: _____
If riding, on average how many days per week will this horse be ridden/driven? _____

Horse Experience: Beginner Intermediate Advanced
Riding Experience: Beginner Intermediate Advanced

Are you currently taking any kind of horse lessons? Yes No
If yes, what type? (Western, English, Jumping, Dressage, Centered Riding,.....)

How often do you take a horse lesson? _____

Question 3: Property/Transportation Details:

Will your horse be boarded or on your own property?_____

If boarded, fill out the following.

Stable Name:_____ Stable Owner's Name: _____

Address:_____

Home #: _____^{Street} Work #: _____^{City} Cell #: _____^{State} ^{Zip}

Shelter:

Does this horse have shelter: Yes No Approximate Size:_____

Materials Used:_____

Feed:

Type of Hay or Pasture:_____ Amount per Day:_____

Supplemental Feed:_____ Amount per Day:_____

Water:

Tank Capacity (gallons): _____ Automatic Water

Source of Water: Well City Other Describe:_____

Trailer:

Brand Name/Manufacture Year (if known): _____

Capacity of # of Animals:____ Type: Stock Horse Other:_____

Number of Rear Doors: 1 2 Rear Doors: Full Height Half Height

Ramp**: Yes No

Home-made Describe:_____

Do you wish to inquire about trailer usage of the ERAF Certified Trailer?: Yes No

Question 4: Medical Information:

If you have owned a horse past or present, please fill out the following. If not, disregard.

Veterinarian:

Vet Office:_____ Vet Name:_____

Office #:_____ Cell #:_____

Address:_____

^{Street} ^{City} ^{State} ^{Zip}

Farrier:

Farrier Name: _____

Office #: _____ Cell #: _____

Address: _____

Street City State Zip

Equine Dentist:

Dentist Office: _____ Dentist Name: _____

Office #: _____ Cell #: _____

Address: _____

Street City State Zip

P.O. Box 1199 Palm City, FL 34991 772-220-0150 (barn)

A **non-profit 501 (c)3 organization**. Pursuant to the requirements of Florida Statute 496.111, the following information is provided: A copy of the official registration and financial information may be obtained from the Division of Consumer Services by calling 1-800-435-7352 within the State of Florida. Registration does not imply endorsement, approval or recommendation by the State of Florida. Our registration number with the FL Dept. of Agriculture is SC-12409. 100% of all contributions received goes to the Found

Signature: _____ Date: _____

Print Name: _____

(Below is for official ERAF personal use only)

The following applicant is approved for the adoption of the following horse(s) that were inquired about:

The following applicant is approved for the following:

Gender: Mare Gelding Stallion
Level: Green Started Under Saddle Broke
Age Preference: Under 1 Year 1-5 6-10 11 or older Custom: _____

Disapproved for the following reasons: _____

Reference Notes:

#1 _____

#2 _____

#3 _____

The following signatures indicate that the board members of ERAF have approved or disapproved the applicant due to the reasons stated above. At any time the applicant's adoption application can be reviewed by the board. Application is to be discarded one year after last signed date.

_____ ERAF President Signature	_____ ERAF President Print	_____ Date
_____ ERAF Vice Present Signature	_____ ERAF Vice President Print	_____ Date
_____ ERAF Barn Coordinator Signature	_____ ERAF Barn Coordinator Print	_____ Date

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