



**Barn Address:** 6400 SW Martin Highway • Palm City, FL • 34990  
**Mailing Address:** P.O. Box 1199 • Palm City, FL • 34991  
 772-220-0150 • eraf2000@gmail.com  
 www.ERAF.org

**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.  
 Via email: BarnManager.ERAF@gmail.com. Via mail: P.O. Box 1199, Palm City, FL 34991.  
 We appreciate your support!

Adopter must be 18 years or older and have no past, current or pending criminal charges or convictions of any animal welfare law, ordinance or regulations.  
 A parent or guardian must adopt an animal for a child under 18.

**PLEASE PRINT CLEARLY OR TYPE**

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:
Home Phone: <i>(Include Area Code)</i>		Alternate Phone: <i>(Include Area Code)</i>		Email Address:
Zip Code:				

**Personal References:**

#1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Question 1: Horse Preferences**

Gender:     Mare     Gelding     No Preference

Level:     Un-started     Started Under Saddle     Green     Trained     Companion Only

Age Preference:     Under 1 Year     1-5     6-10     11 or older    Custom: \_\_\_\_\_

Height Preference:     Under 14.2(Pony)     Over 14.2(Horse)    Custom: \_\_\_\_\_

Use of horse:

Check all that apply

English	Hunter/jumper	Dressage	Eventing	Western	Pleasure
Reining	Cutting	Ranch Work	Trail	Endurance	Driving
	Lessons	Competition	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*)

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

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**Question 2: Rider Information:**

If riding, on average how many days per week will this horse be ridden/driven? \_\_\_\_\_

Horse Handling Experience:     Beginner     Intermediate     Advanced

Riding Experience:     Beginner     Intermediate     Advanced

Style of Riding (circle all that apply):

English    Hunter/jumper    Dressage    Eventing    Western    Pleasure    Reining    Cutting    Ranch Work  
Trail    Endurance    Other: \_\_\_\_\_

Are you currently taking any kind of lessons?     Yes     No

How often do you take lessons? \_\_\_\_\_

**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: \_\_\_\_\_  
Street City State Zip

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Shelter:**

Does this horse have shelter:  Yes  No Approximate Size: \_\_\_\_\_

Materials Used: \_\_\_\_\_

**Pasture:**

Type of Fencing: \_\_\_\_\_ Approximate Size of Pasture: \_\_\_\_\_

How many hours per day will your new horse be turned out? \_\_\_\_\_

**Feed Program:**

Type of Hay: \_\_\_\_\_ How often: \_\_\_\_\_

Supplemental Grain/Concentrate: \_\_\_\_\_ How often: \_\_\_\_\_

**Water:**

Source of Water:  Well  City  Other: \_\_\_\_\_

Do you own a trailer or have access to a trailer to pick up equine should you decide to adopt?

YES NO

If yes, please provide trailer details:

Brand Name/Manufacture Year (if known): \_\_\_\_\_

Type:  Stock  Slant-load  Straight-load  Other: \_\_\_\_\_

Trailer height (ft): \_\_\_\_\_

Style: Ramp or Step up

**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

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: \_\_\_\_\_

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*(Below is for official ERAF personnel 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

Level:    Un-started    Started Under Saddle    Green     Trained     Companion Only

Age Preference:     Under 1 Year     1-5     6-10     11 or older    Custom: \_\_\_\_\_

Not approved at this time for the following reason(s):

\_\_\_\_\_

\_\_\_\_\_

Reference Notes:

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**ERAf Barn Manager Signature**

\_\_\_\_\_  
**ERAf Barn Manager Print**

\_\_\_\_\_  
**Date**

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